



Liability Waiver Form

To the best of my knowledge, I am in good physical condition and fully able to participate in Open Guard BJJ and/or Apex Martial Arts Center martial arts course(s). I am fully aware of the risks and hazards connected with the participation in martial arts programs offered at Open Guard BJJ and/or Apex Martial Arts Center, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, PERSONAL INJURY or PERMANENT DISABILITY - INCLUDING DEATH**, that may be sustained to me, or loss or damage to property owned by me, because of participation in this course. I further certify that I am at least 18 years of age. If under 18, my parent/guardian is the below signed.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Open Guard BJJ LLC and/or Apex Martial Arts Center LLC, its owners, officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of North Carolina.

Open Guard BJJ LLC and/or Apex Martial Arts Center LLC, highly recommends that you undergo a physical examination before undertaking this activity. I understand that my failure to have a physical exam performed may result in a condition causing serious injury or death. I hereby further represent that I have no medical or other condition that would expose me to any type of unusual risk while participating in classes, instruction and use of facilities

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT, AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and **I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.**



Name (Parent/Guardian if under 18)

Signature (Parent/Guardian if under 18)

Date

Phone Number

Emergency Contact Name

Emergency Contact Phone Number

Email Address

Circle Classes That You're Interested In?
BJJ | Kickboxing | Judo | Other

STUDENT INFORMATION

Student's Name

Student's Date of Birth

Student's Name

Student's Date of Birth

Student's Name

Student's Date of Birth

Any Known Medical Conditions: _____

Staff Notes: _____