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DURLINGI UN KRAV MAGA

www.bkrav.com (336)270-3005

1147-A Saint Marks Church Road Burlington, NC 27215

NAME: ADDRESS: ______City _____Zip_____

PHONE: _____ EMAIL: _____

In consideration of being allowed to participate in any way in programs offered at or by Burlington Krav Maga, LLC, and it's related events and activities, I _____, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved I this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and,

3. I willing agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation. I will remove myself from participation and bring such to the attention of the Company immediately, and;

4. I, for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Burlington Krav Maga, LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesser of premises used for the activity ("releases"), WITH RESPECT TO ANY AND AL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARIING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGGNIN IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ D.O.B_____ Date_____ signX

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (under age 18 at time of registration) This is to certify that, I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as proved above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PARENT/GUARDIAN'S SIGNATURE Emergency Phone #

Date Signed

How did you hear about us?

BURLINGTON KRAV MAGA

www.bkrav.com (336)270-3005 1147-A Saint Marks Church Road Burlington, NC 27215

Photo/Video Release Form

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I,______, hereby authorize Burlington Krav Maga, LLC, to use, reproduce, and/or publish photographs and/or video that may pertain to me— including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the Burlington Krav Maga, LLC's or project sponsor's Internet Web Page, Facebook, Twitter and other social media.

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Burlington Krav Maga, LLC or project sponsor may publish materials, use my name, photograph, and/or make reference to me in any manner that Burlington Krav Maga, LLC or project sponsor deems appropriate in order to promote/publicize service opportunities.

_____ Signature _____ Date