



Participant Agreement and Assumption of Risk

Parent/Guardian/Participant (if over 18)

First Name: _____ Last Name: _____ D.O.B: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Cell Phone: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

MEDIA CONSENT

I give permission to release my or my child's name and photography to the news media for publicity of SKIF KODOKAI USA. I give permission for photographs of my child to be used in SKIF KODOKAI USA printed and website materials and any other advertising medium without limitation. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product where in my or said minor(s)' likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

Parent or guardian signature (if over 18): _____ Date: _____

I do not give permission to release my or my child's name and photography to the news media for publicity of SKIF KODOKAI USA. I do not give permission for photographs of my child to be used in SKIF KODOKAI USA printed and website materials.

Parent or guardian signature (if over 18): _____ Date: _____

WAIVER

I UNDERSTAND THAT KARATE IS A CONTACT SPORT AND THERE IS A DANGER THAT MY CHILD WILL BE INJURED IN SOME WAY INCLUDING BUT NOT LIMITED TO BROKEN BONES, BRUISES, SPRAINS, CONCUSSIONS including permanent disability, paralysis and even death. These injuries may be caused by my own actions or inactions, the actions or inactions of said minor(s) or other participants, the conditions of the facilities in which the Activity takes place or personnel of the facility, and I understand that there may be other risks or other social or economic losses either not known to me or not readily foreseeable at this time.

I understand the nature of the Activity and declare that minors are in good health and proper physical condition to participate in the Activity, and are not suffering from any condition, impairment, disease, infirmity, or other illness that would limit or prevent my or said minor(s)' participation in the Activity. I acknowledge that neither SKIF Kodokai USA, LLC dba Kodokai Orlando, nor any of its ADMINISTRATORS, MEMBERS, MANAGERS, OWNERS, DIRECTORS, AGENTS, OFFICERS, VOLUNTEERS, EMPLOYEES, REPRESENTATIVES, SUBSIDIARIES, AFFILIATES, ASSOCIATES, SUCCESSORS OR ASSIGNS (collectively, the "SKIF Kodokai USA, LLC Parties") will make, and shall have no responsibility to make an independent evaluation of my or said minor(s)' physical health or fitness, and said minor(s) have either had a physical examination and have been given a physician's permission to participate or I



have decided to allow minor(s) to participate in the Activity without the approval of such physician and do hereby assume all responsibility, liability and risk for my participation in the Activity.

I HEREBY WAIVE, RELEASE, AND FOREVER DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE SKIF Kodokai USA, LLC. PARTIES, THE OTHER ACTIVITY PARTICIPANTS AND, IF APPLICABLE, OWNERS AND LESSORS OF THE FACILITIES ON WHICH THE ACTIVITY TAKES PLACE (each referred to herein as a "Releasee") from all liabilities, claims, demands, losses, costs or damages on my account, whether foreseen or unforeseen, caused, alleged to be caused or in any way related to my or said minor(s)' participation in the Activity, whether or not caused in whole or in part by the negligent acts or omissions of any Releasee or others acting on its behalf.

I HAVE READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS RELEASE IS HELD TO BE INVALID THE BALANCE SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant Signature (If 18 or older) _____ Date: _____

Parent's or Legal Guardian's Additional Indemnification (Must be completed for participants under the age of 18)
In consideration of (print up to three minor's names, birthdays below of SAME parent or legal guardian)

Participant 1:

First Name: _____ Last Name: _____ Date of Birth: _____

Participant 2:

First Name: _____ Last Name: _____ Date of Birth: _____

Participant 3:

First Name: _____ Last Name: _____ Date of Birth: _____

I certify that I am the parent or legal guardian of the minor(s) listed above (Minor). I agree to release, indemnify, and hold harmless SKIF KODOKAI USA dba/KODOKAI ORLANDO from any claims and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor, **including but not limited to those claims which allege negligent acts or omissions of SKIF KODOKAI USA dba/KODOKAI ORLANDO, to the fullest extent permitted by law.**

Parent or legal Guardian's Signature: _____ Print Name: _____

Date: _____ Waiver accepted by: _____ (KODOKAI ORLANDO Employee)