

RELEASE OF LIABILITY

READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Martial Arts organized by Elite Combat Systems LLC (“Elite Combat Systems”), of 202 S. Main St., Stillwater, OK, 74074 and/or use of the property, facilities and services of Elite Combat Systems, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warning, and further agree to follow any oral instructions or directions given by Elite Combat Systems, or the employees, representatives or agents of Elite Combat Systems.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Elite Combat Systems for injury, loss or damage arising out of my or my family’s use of or presence upon the facilities of Elite Combat Systems, whether caused by fault of myself, my family, Elite Combat Systems or other third parties.
3. I agree to indemnify and defend Elite Combat Systems against all claims, causes of action, damages, judgements, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family’s use of or presence upon the facilities of Elite Combat Systems.
4. I agree to pay for all damages to the facilities of Elite Combat Systems caused by me or my family’s negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Oklahoma law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Name (Please Print): _____ Date: _____

If minor, parent please sign: _____

Student Signature: _____ Date of Birth _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

In case of emergency, please call _____ (Relationship: _____)

at _____ Ext. _____ (Day), or _____ Ext. _____ (Evening).

Are there any physical or mental limitations we need to be aware of? Yes _____ No _____

If yes, please describe: _____

Are you on any medications that we need to be made aware of? _____