

KILLER BEES HQ WAIVER

249 N BABCOCK STREET 32935 MELBOURNE
FL

I, _____, understand that there is a risk of personal injury in the course of instruction and, with this knowledge, agrees to assume the risk of any injury and damages to participant during the training and classes.

Specifically, participant agrees to hold harmless the School and all other individuals, organizations, sponsors, promoters, operators, hosts, instructors, associations, schools, owners, officials, directors, employees and other participants connected with the event from all losses, damages, injuries, causes of actions, claims, or complaints in the event that the participant is damaged or injured in any way during the participation, instruction and/or performance of any exercise or during any activity associated with the event location or during transit to or from the event.

Participant further agrees to strictly obey instructors and observe safety rules.

Because of the physical demands of martial arts and/or personal defense instruction participant understands that he/she must be in good physical condition to participate in the event. Participant understands that in case of injury, the only medical treatment Killer Bees will provide is first aid.

Participant agrees that any pictures, audio, or visual recordings taken of him/her in connection with the seminar can be used for publication, promotion, articles, shows and advertisement without additional consent and without compensation at this time or any other time.

I have read and understand this release and agreement and agree to its provisions. I am not under their influence of any drugs, alcohol, or other intoxicants. I am not suffering from any illness or incapacity. I am over 18 years of age. (If not over 18 years of age, parent or guardian must sign.)

PRINT NAME :

SIGNATURE:

DATE:

TELEPHONE NUMBER: