

WAIVER AND RELEASE OF LIABILITY

- 1) To waive any and all claims for personal and/or property damage that I may have against Chico Dojo, Karate Club, Kelly's Martial Arts, McKinleyville Dojo, Sacramento Dojo, Volunteers, Advertisers, Sponsors Cottonwood Creek Charter School, any businesses or persons in any way associated with the West Coast Shorin Ryu Reihokan Invitational, all of whom are herein after collectively referred to as the releases.
- 2) To release the releases from any and all liability for any loss, damage, injury, death, medical and other expenses that I may suffer or that my next of kin suffer as a result of my being on the premises for any reason whatsoever, including my participation in sports listed in the first paragraph due to any cause whatsoever.
- 3) To hold harmless and indemnify the releases from any and all liability for personal injury or any property damage to a third party, resulting from participating in the West Coast Shorin Ryu Reihokan Invitational or any sports listed in the first paragraph.
- 4) 4.This release of liability shall be effective and binding upon my heirs, next of kin, executors' family, relatives, administrators, and assigns in case of my injury or death.
- 5) I agree not to take unreasonable risks while using the facility including causing any other competitors an unreasonable risk of harm.
- 6) I agree that I am required to use full protective gear when using the facility including adequate helmet, footwear, gloves, mouth guard, cup, suppofter, elbow and knee pads and if I choose not to, the releases are not liable for any injury specified above that may happen as a result of my actions while attending this event.
- 7) I hereby certify that I am of eighteen (18) years of age or more and that I have completely read and understand this release of liability prior to signing it and aware that by signing this release of liability, I am waiving certain rights which my heirs, next of kin, family, relatives, executors, administrators and assignors may have against the releases.

SIGNATURE:

DATE:

(Parent if Minor: _____)

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ - _____