



USATMA-NE Summer Black Belt Camp August 7 & 8, 2015

RELEASE FROM LIABILITY

In consideration of my acceptance as a participant in Summer Black Belt Camp 2015, I, intending to be legally bound, hereby acknowledge that participation in this martial art event is voluntary. I further do hereby waive, release, and hold harmless The USATMA-NE Organization as well as The Freedom Center, its officers, trustees, and employees, and all affiliated organizations, sponsors, organizers, officials, participants, volunteers or employees for any injury that may be suffered in the normal course of participation in activities at Summer Black Belt Camp 2015, whether the result of negligence or any other cause.

I certify that I have adequate health insurance for my personal needs. In the event of an injury, I understand that medical attention, other than basic first aid, will not be provided. If needed, professional emergency medical response will be solicited on my behalf. Any and all medical expenses are my sole responsibility.

I have been advised, and fully understand, that martial arts are physically challenging activities, which by its very nature involves risk. I have been advised of the risks involved in participating in this event, which include but are not limited to physical stress, contact with other participants, and falling. I assume those risks for myself or on behalf of my minor child. I agree to bring any health or safety concerns to the attention of the camp officials.

I understand this waiver of liability is intended to be legally binding.

Participant Name

Home / cell phone

E-mail

Street Address

City

State

Zip Code

Signature (parent or legal guardian if under 18)

Date