## AMERICAN INSTITUTE OF KENPO

# SMART GIRL SELF DEFENSE

AIKCorp@gmail.com

www.AmericanInstituteOfKenpo.com

(520) 744-9004

Smart Girl Self Defense, The American Institute of Kenpo, Jackson Wink, all instructors, and associates will hear by be referred to as the Presenters.

#### WAIVER OF RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY

In consideration of your acceptance as a member of and participant in Smart Girl Self Defense Class, I do hereby, for myself, my heirs, executors and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against the Presenters and members of the Smart Girl Self Defense Class, owners and leasers of premises on which Smart Girl Self Defense Class is located and against any participant for any and all damages which may be sustained by me, in connection with and my association with Smart Girl Self Defense Class and athletic events, seminars, trainings, classes, and/or seminars which may arise out of travel to, participation in, and returning from any athletic events, seminars, trainings, classes, and/or seminars.

I understand the nature of the activities and believe that my experience, health, and capabilities to be qualified to participate in the Smart Girl Self Defense Class and associated athletic events, seminars, trainings, classes, and/or seminars. I understand that when participation in any sport, athletic event, seminar, training, class, and/or seminar there is inherent risk and therefore this may involve risk and dangers of bodily injury, including permanent disability, paralysis, and death. These risks and dangers may be caused by my own actions, or inactions and/or the actions of others participating at the Presenters facilities, and athletic events/trainings/self defense and health related seminars and classes. I acknowledge that it is recommended that before undergoing any form of exercise, an examination or consultation with your doctor is suggested.

#### **COVID-19 WAIVER**

I understand and acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed or infected by COVID-19 by visiting the Presenters facilities and premises, and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, and I completely release, covenant not to sue, discharge, and hold harmless Smart Girl Self Defense and its agents, owners, representatives, and employees from any and all liabilities, claims, suits, actions, losses, damages, costs or expenses of any kind if I do become exposed or infected. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Smart Girl Self Defense, and its employees, agents, owners, representatives, and employees, whether a COVID-19 infection occurs before, during, or after visiting the Presenters facilities and premises and/or my participation in any of the Presenters events.

### **CONSENT TO ATTEND**

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without an 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 the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Participants information	Agreement To Terms
Double in a set of Name of Places and Prints	
Participants Name (Please Print)	
Street Address	Participants Signature Date
City State Zip Code	Participants D.O.B Age
Phone Number	If Under 18 Parent/Guardian Name (Please Print)
Email	If Under 18 Signature of Parent/Guardian Date