



## **RESOLVE MARTIAL ARTS, LLC**

### **WAIVER AND RELEASE OF LIABILITY**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.**

I, \_\_\_\_\_, or a participant for whom I am responsible, \_\_\_\_\_ have enrolled in the personalized health and fitness program offered through *Resolve Martial Arts, LLC* (the "Program"). I recognize that the Program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities.

I hereby affirm that I am, or the party for whom I am responsible is, in good physical condition and do/does not suffer from any known disability or condition which would prevent or limit my/their participation in this Program. I further acknowledge that enrollment and subsequent participation is purely voluntary and in no way mandated by *Resolve Martial Arts, LLC*.

I also fully understand and recognize that I/he/she may suffer an injury or condition as a result of my/their participation in this Program. After consideration of the above risks, I hereby release *Resolve Martial Arts, LLC* and its agents or servants from any and all past, present or future liability, negligence, claims, demands, and causes of action for injuries or conditions sustained as a result of my/their participation. Potential injuries and conditions include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, skin lacerations or abrasions, or any other illness or injury that I may occur, including death.

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE OF LIABILITY, THAT I AM UNDER NO PRESSURE OR DURESS TO SIGN THIS RELEASE, AND THAT I DO SO FREELY AND VOLUNTARILY.**

Date: \_\_\_\_\_ Name/Participant's Name: \_\_\_\_\_

Participant or Parent/Guardian Signature: \_\_\_\_\_



## **RESOLVE MARTIAL ARTS, LLC**

### PHOTO RELEASE

I hereby grant permission to *Resolve Martial Arts, LLC* to obtain and utilize photographs and/or video of me/my child for purposes of marketing, including but not limited to, media releases, social media, and the company website, as well as for purposes of achievements, honors, and/or participation in academy-related activities and programs.

\_\_\_\_\_ (Participant or Parent/Guardian Name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)



## Resolve Martial Arts Intake Form

Name of student \_\_\_\_\_

Name of guardian (if under 18) \_\_\_\_\_

Date of birth \_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

Mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any previous martial arts experience (style/rank)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name/relationship \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_