## **GUARDIAN DOJO – KYOKUSHIN KARATE CANADA INC.** Release, Waiver of Liability & Indemnity – Introductory Self Defense Class for Women, \_\_\_\_\_\_ Date: Markus Erkelenz Instructor: PLEASE READ CAREFULLY I, the signor, in consideration of being allowed to participate directly or indirectly in any activity associated with Guardian Dojo - Kyokushin Karate Canada Inc. hereby agree for myself, my executors, assigns, heirs and next of kin, to: 1. Release, waive, and discharge Guardian Dojo – Kyokushin Karate Canada Inc. of Winnipeg, Manitoba, and any person associated with Guardian Dojo - Kyokushin Karate Canada Inc. and without limiting the generality of the forgoing, all its officers, officials, volunteers, instructors and members (hereinafter jointly and severally referred to as Guardian Dojo) from any liability jointly or severally to the signor, my executors, assigns, heirs and next of kin for all loss, liability, damage, claim or costs on account of bodily injury or property damage accruing to or death of the signor by participating directly or indirectly in any activity associated with Guardian Dojo - Kyokushin Karate Canada Inc. whether caused by the negligence or gross negligence of Guardian Acknowledge that participating directly or indirectly in any activity associated with Guardian Dojo - Kyokushin Karate Canada 2. Inc. may present significant risks to myself and may result in bodily injury, property damage or death to myself. Assume full responsibility for all risk of bodily injury, property damage or death to myself by participating directly or indirectly with any activity of Guardian Dojo - Kyokushin Karate Canada Inc. caused by the negligence or gross negligence of Guardian Dojo. Acknowledge that this Release, Waiver of Liability and Indemnity Agreement (hereinafter referred to as "the agreement") includes traveling to or from any activity associated with Guardian Dojo - Kyokushin Karate Canada Inc. and rescue or first aid operations carried out by Guardian Dojo with negligence or gross negligence without limiting in anyway the generality of this Indemnify and save harmless Guardian Dojo from any and all loss, liability, damage, claim or costs to any party on account of bodily injury or property damage accruing to or the death of the signor by participating directly or indirectly in any activity associated with Guardian Dojo - Kyokushin Karate Canada Inc. whether caused by the negligence or gross negligence of Guardian Dojo. 6. Warrant that I am mentally and physically fit in order to participate in any activity of Guardian Dojo - Kyokushin Karate Canada Inc. Realize that participation in this sport entails the risk of injury to me. Such risks may include, but are not restricted to physical contact with other people and the instructors, slips, falls, equipment and facilities. I accept full responsibility for my level of participation and use of equipment by exercising my judgment, based on my own experience and competence. Acknowledge that I have read and understand this agreement and have voluntarily agreed to give up legal rights in order to participate in activities of Guardian Dojo - Kyokushin Karate Canada Inc. I fully understand that I am not required to sign this release but that Guardian Dojo relying on my signature to allow me to participate in the activities of Guardian Dojo - Kyokushin Karate Canada Inc. This document forms the complete understanding with respect to matters covered herein and there can be no variations, additions or deletions to this document except as executed in writing with the same degree of formality as this document and which variation, addition or deletion is provided by Guardian Dojo – Kyokushin Karate Canada Inc Dated \_\_\_\_\_, Manitoba on \_\_\_ \_\_\_\_\_, 20\_\_\_\_ Participant Signature Participants Name **Phone Number** Witnessed By Witness Signature I hereby consent to my child, , participating in the activities of Guardian Dojo-Kyokushin Karate Canada Inc. and sign this document on behalf of myself and my child.

Parent/Guardian Signature

Witness Signature

Parent/Guardian Name (if student is under 18 years of age)

Witnessed By