

THOMAS FALLON'S MIXED MARTIAL ARTS
7931 Auburn Blvd, Citrus Heights, CA 95610

Name of Student (s) Training: _____

Date of Birth (s): _____ Today's Date: _____

Parent/Guardian Name (if applicable): _____

Address: _____

Phone: _____ E-Mail: _____

How did you hear about us? _____

Waiver and Release of Liability

Permitted to use, facilities and equipment by Thomas Fallon, buyer/student, on behalf of myself, personal representatives, heirs, executors, administrators, or assigns:

Acknowledge, agree, and understand that fitness, sports, and martial arts may involve vigorous exercise, and strenuous exertion may contain a risk of injury. Injuries arising from personal use of exercise equipment and machines; injuries arising from my participation or others participation in supervised/unsupervised activities or programs within or without the school; injuries and medical disorders arising from exercising in the studio or outside as heart attacks, strokes, broken bones, torn muscles and ligaments among others; and accidental injuries occurring from within any facility or during activity conducted outside of any facility.

1. I represent that I am in good physical condition and physically fit to engage in Thomas Fallon's Mixed Martial Arts instructed activities.
2. I attest and verify that I know the risks/dangers involved with physical activities. I knowingly and freely assume all risks, both known and unknown. I take full responsibility for participation in any of Thomas Fallon's Mixed Martial Arts instructed activities.
3. I have been advised that strict observance of the rules and regulations about martial arts training is mandated and includes using protective equipment. Thomas Fallon's Mixed Martial Arts does not warrant that protective equipment will eliminate the possibility of accidents, injury, or death.
4. Physical contact will be used by Thomas Fallon, students, or authorized individuals related to mixed martial arts, sports training, and other instructed activities. I have been informed and give consent to physical contact required or customary in martial arts, sports training, or instructed activities.
5. Therefore, I release all liability and agree not to sue Thomas Fallon's Mixed Martial Arts, successors, assigns officers, agents, representatives, instructors, or employees for any present and future claims resulting from personal injury, death, property damage, loss or other claim resulting from any act or omission including active or passive ordinary negligence on the part of Thomas Fallon's Mixed Martial Arts and its personnel, members, students or guests from the use of instructed services within or without a facility, upon the use of Thomas Fallon's Mixed Martial Arts facilities or equipment.
6. This waiver and release apply to this or any subsequent visit.

BY SIGNING THIS WAIVER/RELEASE, I HAVE READ AND UNDERSTAND THAT I AM GIVING UP LEGAL RIGHTS THAT OTHERWISE WOULD BE AVAILABLE TO ME. AGREEMENT FREELY AND VOLUNTARILY ENTERED INTO.

Student Signature(s) (if applicable): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____