

Demon Jiu Jitsu LLC dba Ring Demon
Liability Waiver and Registration

Please Print Information

Name (last) _____, (first) _____

Address _____

Phone _____ Email _____

Age _____ as of (today's date) _____

I UNDERSTAND that martial arts activities involve certain risks of physical harm and also that physical exertion is required. There is potential for resulting injury of all degrees, not excluding death. I agree to hold harmless and blameless all individuals in any way associated with Demon Jiu Jitsu LLC dba Ring Demon. I realize that I must make an inspection of the premises and their condition and safety prior to participating and determine to my own satisfaction that they are safe and not conducive to injury. If I have any previous physical conditions which might be made worse or re-injured, I have taken all necessary precautions to assure that will not happen, I will refrain in my own behalf from participating in any specific activity that might appear to provoke injury.

I understand that there is a possibility of serious injury during training and other activities at Demon Jiu Jitsu LLC dba Ring Demon. I hereby assume all risks of injury and damages, howsoever and wheresoever occurring, to myself and to the minor for which I am the guardian. I will not hold Demon Jiu Jitsu LLC dba Ring Demon, or any of its agents, independent contractors, directors, instr4uctors, owners, affiliates or employees liable for any injuries or damages should they occur

Visual or Audio Recording is prohibited
without written consent from Demon Jiu Jitsu LLC dba Ring Demon

Signed _____ Date _____

Print Name _____ Date _____

Parent or Document Carrying Legal Guardian if under 18 years of age:

As a parent or guardian, I realize that only I have legal authority regarding any medical transportation and/or treatment that might be necessary. I will therefore make myself accessible and available for immediate contact and presence as possible. If I cannot do this, I will provide papers legally assigning Power of Attorney to an individual who will make such decisions on my behalf. I have read the main WAIVER information and agree to its stipulations, as the minor from whom I am signing.

Signed _____ Date _____

Print Name _____ Date _____

Immediate Contact Phone # _____