



Martial Arts Waiver, Release of Liability & Assumption of Risk

(PLEASE READ CAREFULLY BEFORE SIGNING)

To be completed by the Student (or Parent / Guardian if aged 5 to 15): I hereby agree to participate in this BCJJA Dojo willingly:

Dojo Attending: _____ Date: _____

Participants Full Name: _____

Participants Age: _____ Participants Date of Birth: ____/____/____

I recognise the potential risks of injury associated to practicing the Martial Arts and do hereby waive and release the BCJJA Dojo from and against any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including solicitor's fees and court costs that may arise out of my participation in this training. I hereby execute this Waiver and Release form permitting either myself or my child to participate within the Martial Arts practices of the BCJJA. I understand that the classes are based on a monthly calendar and that tuition fees for participation are paid on a monthly basis on the 1st day of each month regardless of the student's absence through illness or holiday within the month.

I understand that a yearly participation insurance fee is paid upon joining any BCJJA Dojo and is renewable each year in the same month. Belt promotion fees are payable on the first day of the month of the test. Private tuition fees are payable 2 weeks prior to the lesson. All fees are non-refundable. I understand that if I leave the BCJJA, I can do so at any time and accept that leaving part way through the month does not entitle me to a refund of tuition fees paid.

It is the Parent/Guardian's responsibility to bring the student into the building and to pick them up at the end of the lesson. Students are not allowed to wear their BCJJA uniform outside of the training environment unless covered by a BCJJA fleece jacket or personal jacket. Signing below indicates that you have read the Waiver and Release regulations of the BCJJA and fully understand the contents. This form will remain in your student file for the duration of your membership of the BCJJA.

I recognise and understand that Martial Arts training is a physical contact activity and that my participation might result in serious injury, including permanent disability or death, as well as social and economic loss. I also recognise that there may be other risks that are not known to me or to others or not reasonably foreseeable at this time. I agree to inspect the facilities, equipment, and pairings prior to participation.

I will immediately inform an instructor if I believe that anything is unsafe or beyond my capability and refuse to participate and I assume all of the foregoing risks and accept personal responsibility for any damages that may result from injury, permanent disability or death.

I enter into BCJJA Martial Arts training entirely of my own free will and understand the importance of following the rules of training. I can at any time see a copy of the rules and regulations of the association and agree to abide by the instructions given therein and I certify that I am in good physical condition, and have no disease, injury or other condition that would impair my performance or physical and mental well-being during intense training and practice.

I also grant permission in case of injury to receive First Aid assistance or treatment and I release, waive, discharge and covenant not to sue, the BCJJA Martial Arts Association, their instructors and personnel, and if applicable, owners and leasers of the premises from any and all liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses and damages which may be sustained and suffered on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I am aware that the BCJJA Dojo training involves a wide variety of skills practice. Whilst practicing these skills, students will on occasion have contact with parts of the body of other students during the practicing of Martial Arts techniques. When male and female students train together, or when senior and junior students train together, and in any other training combination, the purpose and intent of the BCJJA Dojo's, its instructors and its staff, is to provide an environment for all students to learn and practice Martial Arts and Self-Defense.

Students are expected to conduct themselves appropriately at all times to ensure the best training results for everyone and I understand the nature of physical contact in Martial Arts training, and I understand that I have the right to immediately withdraw from any exercise or drill in which the contact of any party seems beyond the scope of training and makes me uncomfortable.

I agree to abide by the Dojo etiquette in all manners pertaining to training, and I shall not in any way conduct myself inappropriately or take inappropriate advantage of the contact that Martial Arts training allows.

Covid-19

The BCJJA has taken all available steps and is conforming to all government guidelines and advice regarding participation in sport at this time. Instructors have taken Covid-19 Awareness courses, as well as courses on Infection Prevention and Control. In consideration of being allowed to participate in any way within the BCJJA and related events and activities, I acknowledge, appreciate, and agree that during the Coronavirus pandemic, the risk of illness from communicable diseases such as MRSA, influenza, and COVID-19 are high. Participants and spectators are allowed and encouraged to wear face masks and gloves if they wish

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation or spectating and I willingly agree to comply with the stated and customary terms and conditions for participation. I have read the information above and agree to the rules and regulations as stipulated above and in BCJJA policies and so apply my signature below. **PLEASE COMPLETE A OR B, NOT BOTH.**

Email address:@.....

PLEASE WRITE YOUR EMAIL ADDRESS IN CAPITAL LETTERS

(A)

Participants Name:

Participants Signature:

Date Signed:

OR

Parent/Guardian if the participant is aged 5 to 15

(B)

Guardians Name:

Guardians Signature:

Date Signed: