



TEXAS ISSHINRYU KARATE KAI



900 W. WALL STREET
GRAPEVINE, TX 76051-5162
817-491-1130

WAIVER & RELEASE OF LIABILITY

In consideration of the risk of injury while participating in the Isshinryu martial arts training camp, or seminar, offered and/or sponsored by Texas Isshinryu Karate Kai (the "Training"), and as consideration for the right to participate in the Training, I hereby knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Training and do hereby release and forever discharge Texas Isshinryu Karate Kai, their affiliates, managers, volunteers and instructors, for any physical or psychological injury, including but not limited to illness, temporary or permanent disability, death, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Training, including traveling to and from an event related to this Training.

I am voluntarily participating in the aforementioned Training and I am participating in the Training entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in this Training, which may include but are not limited to physical or psychological injury, pain, suffering, illness, death.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE TEXAS ISSHINRYU KARATE KAI AND ALL OF ITS AFFILIATES, MANAGERS, VOLUNTEERS AND INSTRUCTORS FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST TEXAS ISSHINRYU KARATE KAI FOR PERSONAL INJURY OR PROPERTY DAMAGE.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

Talent Release: I authorize Texas Isshinryu Karate Kai to use any photographs taken during any event in which I or my dependent are participating for any reason deemed appropriate, including but not limited to social media, marketing, and other related needs.

Student Name : _____ Signature: _____ Date: _____
Print

Parent Signature (if under 18) _____