

KRAV MAGA™

HOUSTON AREA TRAINING CENTERS ARBITRATION AND RELEASE AGREEMENT

NAME: _____
ADDRESS: _____
PHONE: _____ EMAIL _____

In consideration of being allowed to participate in any way in the Krav Maga or Crossfit programs, its related events and activities, I _____, the undersigned, acknowledge and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent injury, paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and I assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual or unacceptable hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the PARTIES RELEASED; and,
1. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY WAIVE, RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS FROM ALL CLAIMS AND CAUSES OF ACTION I HAVE OR MAY HAVE AGAINST THE "PARTIES RELEASED", INCLUDING THE FOLLOWING PARTIES: THE KRAV MAGA NATIONAL TRAINING CENTER, TRADECRAFT SERVICES LLC, DBA KRAV MAGA HOUSTON, KRAV MAGA WORLDWIDE ENTERPRISES, KRAV MAGA ASSOCIATION OF AMERICA, EQUINOX COMBAT SYSTEMS LLC, EQUINOX COMBAT SYSTEMS 2 LLC, CROSSFIT NORTH HOUSTON, their instructors, servants, managers, officers, owners, officials, affiliates, agents and/or employees, other participants, sponsoring agencies, advertisers, and if and where applicable, the owners and lesser/lessor of the premises used for the activities released, WITH RESPECT TO ANY AND ALL CLAIMS OR CAUSES OF ACTION FOR DAMAGES OR BODILY INJURY, MENTAL ANGUISH, IMPAIRMENT, DISFIGUREMENT, DISABILITY, DEATH, LOSSES OR DAMAGES TO PERSONS OR PROPERTY, EVEN IF AND ARISING FROM OR CAUSED BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE PARTIES RELEASED. THIS RELEASE, WAIVER AND ARBITRATION AGREEMENT INCLUDES ALL CLAIMS FOR DAMAGES OR INJURY CLAIMED BECAUSE OF EXPOSURE TO, FEAR OF OR THE CONTRACTION OF ANY VIRUS, BACTERIA OR OTHER COMMUNICABLE ILLNESS OR DISEASES.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ARBITRATION AND RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY RESERVATIONS. I agree that The Federal Arbitration Act applies to this agreement. I agree to arbitrate any claims in Harris County, Texas for any disputes or claims arising out of my participation in Krav Maga and or any claims against the parties released or my participation in any activities or other services provided by the parties released.

X _____ Age: _____ Date signed: _____

FOR PARENTS GUARDIANS OF PARTICIPANTS OF MINORITY AGE (under 18 at time of registration). This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of and for myself, my child, my spouse, my heirs, assigns, and next of kin, I RELEASE AND AGREE TO WAIVE, INDEMNIFY, HOLD HARMLESS AND DEFEND THE RELEASED PARTIES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF THE CLAIMS ARE CAUSED BY OR ARE ARISING FROM THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE RELEASED PARTIES.

X _____
PARENT/GUARDIAN'S SIGNATURE Emergency Phone Date Signed