

## **Mission Martial Arts Liability Waiver**

This Liability Waiver dated \_\_\_\_\_(MM/DD/YYYY)

In consideration of being allowed to participate in the Class and other good and valuable consideration, the receipt of which is hereby acknowledged, I \_\_\_\_\_ parent or legal guardian of \_\_\_\_\_ (the participant) agree with FFC Ministry Inc (aka "FFC Sports") of 20921 Co Rd 48, Robertsedale, AL 36567, USA (the Activity Provider) to the following:

### **DETAILS OF ACTIVITY**

1. The Participant will be participating in the following activity: Mission Martial Arts (the "Activity") provided by FFC Sports

### **CONSIDERATION**

2. I, \_\_\_\_\_ acknowledge that my child \_\_\_\_\_ will be participating in Mission Martial arts. I \_\_\_\_\_ release and forever discharge the Activity Provider and it's Volunteers, Employees, Owners, and Directors from all manner of actions , causes of actions, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person or property, including injury resulting in the death of participant, which has been or may be sustained as a consequence of the Participants participation in the Activity, and notwithstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the Activity Provider.
3. The Participants Parent/ Legal Guardian understands that the Participant will not be allowed to Participate in the Activity unless the Participant's Parent/Legal Guardian signed this Waiver.

### **CONCURRENT RELEASE**

4. The Participant's Parent/ Legal Guardian acknowledges that this waiver is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant by the Activity Provider, and with the intention of binding the Participant's Parents, siblings, heirs, executors, administrators, legal representatives and assigns.

### **FITNESS TO PARTICIPATE**

5. The Participant's Parent/ Legal Guardian acknowledges to the Activity Provider that the Participant does not have any physical limitations, medical ailments, or physical or mental disabilities that would limit or prevent the Participant from participating in the Activity.

**FULL AND FINAL SETTLEMENT**

6. The Participant's Parent/ Legal Guardian acknowledges and agrees with the Activity Provider that (1) the provider has given the Participant's Parent/ Guardian plenty of time to carefully read this waiver, (2) The Participant's Parent / Legal Guardian has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this waiver. (3) the Participant's Parent/ Legal Guardian fully understands the risks and claims that the Participant's Parent/ Legal Guardian is waiving to participate in the Activity. (4) The Participant's Parent/ Legal Guardian is freely and voluntarily executing this waiver, and (5) the Participant's Parent/ Legal Guardian is forever prevented from suing or otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may sustain while participating in the Activity.

**GOVERNING LAW**

7. This Waiver will be governed by and construed in accordance with the laws the State of Alabama.

**IN WITNESS WHEREOF** the participant's Parent/ Legal Guardian has duly affixed their signature on this day of \_\_\_\_\_ (DD/MM/YYYY)

\_\_\_\_\_ (Participant's Name Printed)

\_\_\_\_\_ (Participant's Parent/ Legal Guardian Name Printed)

\_\_\_\_\_ (Participant's Parent/Legal Guardian Signature)