**Wado Ryu Martial Arts Studio**

1824 N. Reading Rd. (Rt. 272) Stevens, Pa. 17578

**WAIVER OF ALL LIABILITY FOR ANY INJURY OR LOSS AND COVENANT NOT TO SUE**

**BY ENTERING THESE PREMISES
YOU AGREE TO THE FOLLOWING:**

You know that martial arts training programs are a potentially hazardous activity. You should not participate or let a minor (under 18 years of age) participate unless medically able. You also agree that care is taken to prevent and avoid injuries that may occur. You assume and accept the risk of any injury or loss associated with the premises and/or organization and all persons & entities associated with it. Knowing these facts and in consideration of entering, you on your behalf and on the behalf of any minor that you bring or allow upon the premises, covenant not to sue, and waive and release and discharge any organization or persons associated with Wado Ryu Martial Arts Studio LLC. of any liability for any claim of any kind whatsoever foreseen, unforeseen, known, or unknown forever. You fully accept any such liability upon yourself.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent if Minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_