
Waiver/Risk Statement

In consideration of the risk of injury while participating in Sunshine State ITF Tournament (hereafter SSITF) hosted by Do-Martial Arts, Inc (hereafter DOMA) and as consideration for the right to participate in the Martial Arts ("Activity"), I hereby, for myself, my heirs, executors, administrators, assigns or personal representatives, 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 Activity, and do hereby release and forever discharge SSITF and DOMA, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I agree to indemnify and hold harmless SSITF and DOMA against any and all claims, suits, or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by my or anyone on my behalf, including attorney's fees and any related costs, if litigations arise pursuant to any claims made by me or by anyone else acting on my behalf of SSITF and DOMA. I acknowledge that SSITF and DOMA and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of SSITF and DOMA. 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.

I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

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 SSITF and DOMA and all of its affiliates, managers, member's agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, 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 SSITF and DOMA for personal injury or property damage.

I, the undersigned participant affirm that I am of the age of 18 years or older, and that I am freely signing this agreement.

Name

Signature

Date

PARENT / GUARDIAN WAIVER FOR MINORS

Parent/Guardian - Relationship

Competitor Name

