



NINENINE Brazilian Jiu – Jitsu Waiver & Release Form

I **(CIRCLE)** **PARTICIPANT/GUARDIAN/PARENT:** _____ hereby authorize my **(CIRCLE)** **CHILD/CHILDREN/MYSELF** to participate in the recreational services of 99 Brazilian Jiu Jitsu, Boxing, or Kickboxing and use of its equipment and facilities, on behalf of myself, my family, my heirs, and my assigns. I hereby release 99 Brazilian Jiu Jitsu; and each of their respective employees, and agents, from any and all liability for injury, negligence, property loss or damage suffered by me as a result of my participation in the program, or my use of the facilities and its equipment, including travel to and from events or practices, or any way associated with my participation in any and all program activities. I release such liability whether injury, loss or damage is caused by my negligence, the negligence of the releaser or the negligence of any third party.

I acknowledge that I know, understand, and appreciate the inherent risks of participating in this program, using the facilities, or the equipment. I know that these risks may include, but are not limited to minor scrapes, strains, bruises, as well as significant injuries such as broken bones, eye injury, and concussions. By execution of this agreement, I fully assume the inherent risks associated with Brazilian Jiu Jitsu, Boxing, and Kickboxing program, and authorize my CHILD/CHILDREN/MYSELF to participate in such activities. I understand that by signing below, I have read this release of liability form and fully understand its context.

The Waiver and Release shall be governed in accordance with the substantive and procedural laws of the State of California without regard to its conflict of law provisions. All disputes arising hereunder shall be brought in the state courts, agree to accept service of process by mail, here by waive any jurisdictional or venue defenses otherwise available to me.

Please fill in the name of your child/children/Family participating in the program: (skip if participant)

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |
| 7) _____ | 8) _____ |

Participant / Parent / Legal Guardian: please fill in information below.

Name: _____ Signature: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Email: _____ Date: _____

Note: IF YOU ARE UNDER THE AGE OF EIGHTEEN; YOUR PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

Signature: _____ Date: _____