



Acknowledgement and Assumption of Risks

[CADETS & JUNIORS]

I, _____, born ____ / ____ / ____ am completing this assumption of risk form on behalf of _____ in the capacity as a parent or guardian. I do so in relation to my wishes for the above named individual to participate in a class, activity, course, seminar, grading, competition, training session or lesson provided by STAND Martial Arts Academy and any of STAND Martial Arts Academy registered instructors, coaches or staff.

I confirm that I understand in full that any activity in which the named individual participates will carry inherent risks associated with any practice or competition within combat arts, martial arts or self defence. Furthermore, I understand that the risk of serious injury is present and I have been briefed on the relevant safety rules and regulations in place to help protect the named individual and their fellow students during training.

I confirm that I understand the nature of the activity in which the named individual is about to participate, and appreciate that any practice of combat, self defence or martial art usually includes a degree of martial arts based fitness training. With this in mind, I can agree that the named individual is fit to participate and agree to assume all risks associated with the above, hereby withdrawing any liability from the named club, instructors, association or other relevant parties.

Should I be unclear on any risks involved, or not feel comfortable releasing the above named from all positions of liability, I will not sign this document. Please take my signature as my acceptance and assumption of all risks involved, as described to me by my instructor and stated within this document.

PRINT NAME

SIGNATURE

DATE

INSTRUCTORS SIGNATURE

THE CLUB SHOULD RETAIN THIS DOCUMENT FOR FUTURE REFERENCE.

If the named wishes to obtain a copy, the instructor must make this available within 21 days without charge.