

## Agreement and Release of Liability

1. In consideration of being allowed to participate in the activities and programs of the 2018 Salt Spring Island Karate Club Tournament and the Salt Spring Island Karate Club and facilities, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the 2018 Salt Spring Island Karate Club Tournament and the Salt Spring Island Karate Club directors, officers, agents, employees, representatives, successors, and assignees, administrators, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do hereby release all of those mentioned, and others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent actor omission of any of those mentioned, or others acting on their behalf or in any way arising out of or connected with my participation in any activities of 2018 Salt Spring Island Karate Club Tournament and the Salt Spring Island Karate Club or the use of any of the equipment at the 2018 Salt Spring Island Karate Club Tournament. If you Agree, Please Initial \_\_\_\_\_

2. I understand and am aware that in Karate, Kobudo, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby assume and accept any and all risk of injury or death. If you Agree, Please Initial \_\_\_\_\_

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereafter stated. I do hereby acknowledge that I have been informed of the need for physician's approval for my participation in Karate, Kobudo, and an exercise/fitness activity or the use of exercise equipment or machinery. I also acknowledge that it has been recommended that I have a yearly or more frequently physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his or her recommendations concerning these fitness activities and equipment use. I acknowledge that I have had a physical examination and have been give my physician's permission to participate or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. If you Agree, Please Initial \_\_\_\_\_

Participants Name \_\_\_\_\_

Participants Signature \_\_\_\_\_

Witness Name \_\_\_\_\_

Witness Signature \_\_\_\_\_