

Hinode Dojo, LLC

Waiver of Liability

I understand that in all martial arts training there is an inherent danger of possible bodily injury/death, and I participate in martial arts training voluntarily assuming that risk. In consideration for instruction I receive, I agree that in the event of my sustaining any injury, which may result from but not limited to participation in class activities, demonstrations, seminars. I will not sue the instructors or participants of Hinode Dojo LLC. (In case of applicant who is a minor, the undersigned parent or guardian waives and releases all claims on behalf of applicant.)

By completing this form, I acknowledge that I have fully read, understand, and accept all risks inherent to the practice of martial arts and participation with Hinode Dojo LLC. I fully accept all personal responsibility for anything that might result from my involvement.

I also understand that it is highly recommended that I complete a full physical examination prior to my participation with Hinode Dojo LLC and its activities, and that I should acquire personal health insurance, if I have not already done so. I have been advised to arrive in time for warm-up, and leave after an adequate cool-down period to minimize the risk of injury.

Photo/Video Release Form

I hereby grant permission to Hinode Dojo, LLC, to use photographs/video of myself/my child captured during regular and special dojo activities, for use on Hinode Dojo web sites, paper, or other electronic forms or media for promotional or fundraising purposes.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is or is not known to me. I waive any right to royalties or other compensation arising from or related to the use of the photographs/video.

I hereby agree to release and hold harmless Hinode Dojo, LLC, via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs/video, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product.

I am 18 years of age (parent or legal guardian if minor) and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Name of Participant (please print) _____ Date _____

Name of Parent/Guardian (please print) _____

Participant's Signature _____

Parent/Guardian's Signature _____

In the space below, List any physical restrictions or medical conditions that you have, if you have none indicate by writing none.