

Athletic Waiver for ADULTS and MINORS and Release of Liability

In consideration of being allowed to participate in any way in the New Life Academy athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she will immediately advise the staff/instructors of New Life Academy of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue New Life Academy, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise,

Additionally, regarding the most recent COVID-19 pandemic. I assume and understand all potential risk associated with my participation and release New Life Academy "New Life Jiu-Jitsu", it's owner, staff and instructors from any responsibility related to any likelihood of contracting COVID-19 while at New Life Academy. I fully confirm that I have not tested positive for COVID-19 nor do I have any symptoms related to COVID-19. I am also truthfully stating that I have not traveled outside the United States in the last 4 weeks, nor have I been in contact with anyone who has shown symptoms concurrent with COVID-19.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

MINORS (Program: Self Defense | Jiu-Jitsu | Mentorship)

Parent or Guardian Signature _		_ Date//
	(Signature/Relationship)	
Printed Name of Parent or Guar	rdian:	
Printed Name of Participant:		
Address of Participant:		
	(Parent/guardian must sign if contestant is unde	
Phone Number:	Email:	
ADULTS (Program: Self Defense	e Jiu-Jitsu)	
Printed Name:		_
Student Signature:	Date	//
Phone Number:	Email:	
Emergency Contact Name:	Phone Number:	
	NEW LIFE ACADEM 808-987-8892 www.newlifebjj.com	