



Athletic Waiver for ADULTS and MINORS and Release of Liability

1. Acknowledgment and Assumption of Risk

I understand that participation in martial arts, fitness training, sparring, obstacle-based movement, self-defense instruction, and related physical activities involves inherent risks, including but not limited to, serious bodily injury, permanent disability, illness, communicable diseases (including COVID-19), paralysis, or death. I fully understand these risks and voluntarily assume full responsibility for any personal injury or property damage sustained while participating in activities at or through Rev it Up Martial Arts.

2. Release and Waiver

I hereby release, waive, discharge, and covenant not to sue the Released Parties from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, injury, or death that may be sustained by me (or the minor), whether caused by the negligence of the Released Parties or otherwise, while participating in any activity, whether on or off the premises.

3. Medical Treatment

I authorize the Released Parties to obtain emergency medical treatment for me or my child in the event of injury or illness. I understand and agree that I am solely responsible for all costs of such medical treatment and related expenses.

4. Photo/Video Release

I grant Rev it Up Martial Arts the irrevocable right to use photographs or video recordings of me (or the minor) taken during activities for promotional, educational, or commercial purposes in any media now or hereafter known, without compensation.

5. Fitness to Participate

I certify that I (or my child) am physically fit and have no medical condition which would prevent safe participation in the activities. I agree to inform the staff of any physical or mental condition that may affect my (or my child's) ability to safely participate.

Scope of Covered Activities

This waiver applies to all programs, training, classes, events, camps, private sessions, workshops, and any other activities, whether martial arts-related or otherwise, conducted by or affiliated with Rev it Up Martial Arts, both on and off the premises.

MINORS (Program: CKB | KTKD | BOX | SNF | SNK | PNO)

Parent/guardian must sign if contestant is under the age of 18.

Parent or Guardian Signature: _____ Date: ____ / ____ / ____
Signature / Relationship

Printed Name of Parent or Guardian: _____

Printed Name of Participant: _____

Address of Participant: _____

Phone Number: _____ Email: _____

ADULTS (Program: CKB | ATKD | BOX | SNF | SNK)

Printed Name: _____

Student Signature: _____ Date: ____ / ____ / ____

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Phone Number: _____