

**LIABILITY RELEASE**  
**Albany Jeet Kune Do**

Please read carefully.

This liability waiver pertains to each person, spectator, or participant in Albany Jeet Kune Do.

**LIABILITY WAIVER**

I, the undersigned, acknowledge that I am applying for instruction in martial arts activities involving strenuous exercise and personal body contact. I understand and acknowledge that because of this, there is always an inherent risk of injury that cannot be eliminated. I acknowledge that Derderian Academy of Martial Arts, Albany Jeet Kune Do, The Albany Free School, Grand Street Community Arts Center [GSCA] and representatives, or associates, thereof carry no insurance against injury, loss or damage to any of the participants, spectators or persons otherwise connected with this school and classes, and I hold none of the above liable for any injury or loss that may occur.

As a condition of being admitted to the Albany JKD classes and events, I assume the risk of all injuries, losses and damages and do hereby hold Albany JKD, its staff, instructors, associates and agents or persons otherwise connected with this group (including The Albany Free School and all owners, faculty, staff, management, or associates thereof), harmless from any and all liability (including attorney's fees and costs) for all claims, actions or damages due to bodily injuries, and for claims of damages or losses to property, losses or damage suffered by me or caused by me during the course of classes at Albany Jeet Kune Do, or arising out of the activities of any affiliated seminars, events or activities occurring on the premises of The Free School, GSCA facilities, or elsewhere.

For my own training and safety and that of other participants, I agree to conduct myself in a manner consistent with the rules of martial arts etiquette and observe the established safety rules to avoid injury to all parties associated with Albany Jeet Kune Do.

I certify that I have read, understand and agree to the conditions of this Liability Release and will hold no other parties or individuals liable for injury, loss or damage to myself or others.

Signature of student/member: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

\* \* \*

If the applicant is under eighteen (18) years of age, I, the undersigned, as a parent or legal guardian of the above applicant, certify that I have read the above contract and I consent to the applicant's receiving the instruction applied for, and I agree to the provisions of the contract for myself and said applicant.

Signature of guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## WAIVER AND ASSUMPTION OF RISK

I, \_\_\_\_\_, Member or Student, voluntarily sign this Waiver and Assumption of Risk in favor of Stephen Bugler, any and all members of Albany Jeet Kune Do and the Albany Free School and Grand Street Community Arts Center [GSCA], in consideration for the opportunity to use the Albany Free School's, or GSCA's facilities and/or the opportunity to receive instruction from Albany Jeet Kune Do or the Albany Jeet Kune Do Instructors, and/or to engage in the activities sponsored by Albany Jeet Kune Do, as follows:

I understand that there are certain risks and dangers associated with the activity and use of the facilities and that these risks have been fully explained to me. I fully understand the danger involved.

I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions.

I waive and release Albany Jeet Kune Do and affiliates and the Albany Free School and GSCA from any claim for personal injury, property damage, or death that may arise from my use of the facilities or from my participation in the activities or instruction.

I am a competent adult, aged \_\_\_\_\_, and I assume these risks of my own free will.

Dated: \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature of Member or Student

\_\_\_\_\_  
Printed Name of Member or Student

\_\_\_\_\_  
Address of Member or Student

\_\_\_\_\_  
City and State of Member or Student

# Physical Activity Release

TO: Stephen Bugler, Albany Jeet Kune Do, The Albany Free School, Grand Street Community Arts Center [GSCA] and any affiliates thereof (the "Sponsor")

RE: Jeet Kune Do and Martial Art Lessons, Seminars, Events, and Tournaments (the "Activity")

**IN CONSIDERATION OF** being permitted to participate in the Activity, the undersigned, on behalf of myself and my heirs, executors, administrators and assigns, hereby:

1. Release and forever discharge the Sponsor and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns (collectively the "Releasees") of and from all claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my participation and/or involvement in the Activity, and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
2. Indemnify and save harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the Activity.
3. Understands and acknowledges that the Sponsor does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned.
4. Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.

**I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact in Case of Emergency

\_\_\_\_\_  
Relation of Contact

\_\_\_\_\_  
Address of Contact

\_\_\_\_\_  
Telephone No. of Contact

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Address of Participant

\_\_\_\_\_  
Telephone No. of Participant

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Telephone No. of Physician