



IDAHOME JIU-JITSU
1200 S. Kimball Ave.
Caldwell, ID 83605-4625

WAIVER OF LIABILITY AND PHOTO RELEASE FOR IDAHOME JIU-JITSU USE.

I hereby understand and acknowledge that the training, programs and events held by Idahome Jiu-Jitsu may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including but not limited to falls, contact with other participants, the effects of the weather, including high heat and or humidity and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. It is understood that before participating in any fitness activity, my doctor must first be consulted for personal risks/benefits.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and Idahome Jiu-Jitsu furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE Idahome Jiu-Jitsu, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the Idahome Jiu-Jitsu training, programs and or events. I do hereby give Idahome Jiu-Jitsu, its assigns, licensees, and legal representatives the irrevocable right to use my name, video, picture, portrait, or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

By my signature, I indicate that I have read and understand this Waiver of Liability and Photo Release. I am aware that this is a waiver and release of liability, and I voluntarily agree to its terms.

Participant's Name and Age (Please print): _____

Signature and date: _____

Phone number: _____

Email Address: _____

Home Address: _____

In case of Emergency, contact: _____

Previous experience / Jiu-Jitsu Academy / Belt Rank / Dates: _____

I represent that I have legal capacity and authorize to act on behalf of the minor named herein. Parent/Guardian Name: _____

Parent/Guardian signature if participant under 18 years of age: _____

Membership Information: (Circle) Jiu-Jitsu / Muay Thai / Other: _____

\$80 per month start date: _____

Other Request: _____