



GMA ACTIVITY WAIVER



Parents please complete this form and bring it with you to the Birthday party! Child may not participate without form.

Child's Name: _____ Parents Name: _____

Address: _____ City: _____ Zip _____

Contact Number: _____ Cell Number _____

By signing this waiver, you understand as a member parent or non-member parent that your child shall be engaging in physical activities, including but not limited to, training and instruction in the Martial Arts, which necessarily includes physical activity and contact which could cause injury to you (The "Activities, Games and Martial Arts Activities). You are voluntarily participating in the Activities and assume all risks of injury, both physical and mental, which might result. You hereby agree to waive any claims or rights you might otherwise have against the Seller (Gallatin Family Martial Arts), its affiliates, its organizations, its unions, its owners, its officers, its instructors, employees, agents and assigns (collectively the "Releases") for injury, loss or damage or death arising out of or relating to the Activities including, but not limited to, those risks which may be associated with or attributed to any negligent act, omission or fault of the Releases from and against any claim, loss or damages, including but not limited to their attorney's fees, court costs, and loss of income, to which they may be subjected arising out of, or relating to the training activities including, but not necessarily limited to, the "Waived Risks". You further agree to release Gallatin Martial Arts (all "Releases) from any liability for any loss or theft of personal property. The terms of this waiver shall survive the termination/expiration of the Membership Plan and shall continue in full force and effect with respect to any and all post Membership Plan use of the martial arts facility by member, or other post-membership plan affiliation of Member and Releases. I as the authorizing parent assume all medical cost and understand that you must have medical insurance to cover any injuries.

Member/Parent/Guardian warrant, represent, and agree that member is in good physical condition and that he/she has no physical disability, impairment, or ailment preventing him/her from engaging in active or passive exercise or that will be detrimental or inimical to his/her health, safety, comfort or physical condition or that of others. Member/Parent/Guardian represents that he/she will not use the facility with any open cuts, abrasions, open sores, infections, maladies with the potential of harm to others, or otherwise in accordance with public health requirements. The management of Gallatin Family Martial Arts shall have the final determination in this regard. Their decision is final.

I consent that the photographs, videotapes, and/or motion picture film for which the student or attendee is in/posed- and/or audio recordings made of the student's voice-may be used by Gallatin Family Martial Arts for marketing and advertising purposes, including television and electronic uses. Furthermore, I hereby consent that such photographs, films, and recordings—and the discs, files, and tapes from which they are made—shall be the property of Gallatin Family Martial Arts and they shall have the right to sell, duplicate, reproduce such photographs, films, and recordings as they may desire free and clear of any claim whatsoever on my part.

Parent/Guardian(if under 18): _____ Date: _____

Studio Representative: _____ Date: _____