



## WAIVER OF RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY

In consideration of your acceptance as a member of IncredAble Adaptive MMA and Jackson Wink, I do hereby, for myself, my heirs, executors and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me or my child, against IncredAble Adaptive MMA and Jackson Wink, all instructors and members of IncredAble Adaptive MMA, Jackson Wink, owners and lessors of premises on which IncredAble Adaptive MMA is located and against any participant for any and all damages which may be sustained by me or my child, in connection with and mine or my child's association with IncredAble Adaptive MMA and athletic events/seminars or trainings or which may arise out of travel to, participation in, and returning from any athletic events/trainings, or self-defense and health related seminars.

I understand the nature of the activities and believe that my child's experience, health, and capabilities to be qualified to participate in IncredAble Adaptive MMA and Jackson Wink and associated athletic events/trainings or seminars. I understand that with participation in any sport, self-defense training, or athletic event there is inherent risk and therefore this may involve risk and dangers of bodily injury, including permanent disability, emotional distress, paralysis, and death. These risks and dangers may be caused by my child's own actions, or inactions and of others participating at IncredAble Adaptive MMA and Jackson Wink, and any associated athletic events/trainings/self-defense, and health related seminars. Before undergoing any form of exercise, an examination or consultation with your child's doctor is strongly recommended. Participation in these events may or may not be conducive to your child's health and we reserve the right to cease lessons and participation based on our discretion.

**I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without an inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.**

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Parent's/Guardian's name Printed

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Parent or Guardian's signature

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Participant's Name Printed

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Participant's Age

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Emergency Contact Name

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Emergency Phone Number