

Waiver and Release of Liability

Strictly Required Fields (*)

***Full Name of Participant:** _____ ***Date of Birth:** _____

Phone: _____ Email: _____

Address: _____

City, ST, Zip: _____

***Prior Injuries, Medical Conditions, or Physical Limitations Instructor Should Be Aware Of:**

(Write "None" if not applicable. It is the participant's responsibility to disclose any condition that could affect safe participation.)

Emergency Contact Name: _____ Relationship: _____

Phone: _____

I understand that this program involves training in Filipino martial arts (Arnis, Kali, and Eskrima), including but not limited to stick and simulated-blade striking, weapon disarms, grappling, joint manipulation, and partner drills involving physical contact, impact, and rapid movement. I acknowledge that these activities carry an inherent risk of injury, including but not limited to bruising, sprains, fractures, and other bodily harm, and I voluntarily and knowingly assume all such risks. I certify that I am physically able to participate in this activity and will hold Salvador Serrano harmless for any injury sustained due to any physical defect or condition I may have, whether now known or later discovered.

I intend to be legally bound, for myself and all successors in interest, and do hereby release, waive, discharge, hold harmless, and agree to indemnify Salvador Serrano, and his agents and representatives, from any and all claims, demands, actions, or causes of action — including those arising from Salvador Serrano's own negligence — for any damages, injuries, or losses of any kind suffered by me or any others, directly or indirectly, arising out of any practice, instruction, or other activity related to this program, participation in this program, or traveling to or from this program. This release shall apply to all sessions in which I participate under this program and shall remain effective to the maximum extent permitted by applicable law.

I understand that the program will take place at a space designated or agreed upon by me. I acknowledge that Salvador Serrano does not own, maintain, or control this location and is not liable for its condition or safety. I assume all risks associated with the training environment and agree to release, hold harmless, and indemnify Salvador Serrano from any claims, injuries, or damages arising from hazards, defects, or conditions of the training space.

If the participant is a minor, the undersigned parent or legal guardian represents that they have full legal authority to consent on the minor's behalf and, to the fullest extent permitted by applicable law, releases and waives the above claims on behalf of the minor participant. Because some jurisdictions do not permit a parent or guardian to waive a minor's own independent legal claims, this waiver is intended to apply to the maximum extent the law allows, and the parent/guardian separately releases, on their own behalf, any claim arising from injury to the minor.

This Agreement shall be governed by the laws of the State of Illinois, without regard to its conflict-of-laws principles. If any provision of this Agreement is held invalid or unenforceable, the remaining provisions shall continue in full force and effect, and the invalid provision shall be modified to the minimum extent necessary to make it enforceable.

I have read and understood all that is expressed in this Waiver and Release of Liability, and I certify that I am of sound judgment and legally competent to agree to this waiver. I further certify that I am eighteen years of age or older, a legally emancipated adult, or the legally authorized parent/guardian of the minor participant listed above.

***Signature of Adult Participant or Parent/Guardian:** _____ ***Date:** _____

***(If Applicable) Printed Name of Parent/Guardian:** _____