# Katori Shinto Ryu California Waiver

**Participant Information**
Name: _____ D.O.B. : _____
Address: _____
City: _____ Zip Code: _____ Gender: _____
Phone: _____ Email: _____
Emergency Contact & Phone: _____

## Liability Waiver and Release Agreement

In consideration of being permitted to participate in the activities and training conducted by Katori Shinto Ryu California, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Katori Shinto Ryu California, its instructors, staff, volunteers, representatives, agents, and affiliates, from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, injury, illness, or death that may be sustained by me, or to any property belonging to me, whether caused by negligence or otherwise, while participating in such activities or while on the premises.

This release shall apply to all activities, events, classes, and training sessions organized, sponsored, or conducted by Katori Shinto Ryu California, and shall include, but not be limited to, any injury or damage occurring before, during, or after participation.

Katori Shinto Ryu California shall not be held liable for any loss of, or damage to, a student's personal belongings or property occurring on the premises or during any training, event, or related activity.

## Acknowledgment of Risks and Voluntary Participation

I understand that participation in martial arts training at Katori Shinto Ryu California involves physical activity, training, and exercises that carry inherent risks of injury. These risks may include, but are not limited to, sprains, strains, bruises, broken bones, and in rare cases, more serious injury or even death.

I affirm that I am in good physical condition and fully able to participate. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may occur as a result of my participation in any Katori Shinto Ryu California activities, whether on or off the premises.

I have read this entire document, fully understand its terms, and sign it voluntarily, acknowledging that it is intended to be a legally binding release of liability.

The statement is made by the participant, or by the parent/legal guardian if the participant is under age 18.

**Signature of Participant: _____ Date**: _____
**Printed Name: _____**

If under 18:
**Parent/Guardian Signature: _____ Date**: _____
**Parent/Guardian Printed Name: _____**