

Participant Waiver Form

Thank you for participating in the Safety Workshop. This workshop will include physical self-defense techniques and will involve some intense physical activity, including punching and kicking into pads. The instructors will take every possible measure to ensure your health and safety. However, please inform the instructors if you have any injuries or medical conditions that may impair your ability to participate. If at any time you feel overly fatigued, dizzy, or nauseous, please stop your activity and inform an instructor. **Participants under 18 must obtain written permission from their parent or guardian to participate in the workshop.**

STATEMENT OF RELEASE/HOLD HARMLESS [REQUIRED]

I, _____, agree to participate in conducted by Roar Training LLC. I am in good mental and physical health. I release and will hold harmless Roar Training LLC and its instructors from all liability for injury or property damage arising in connection with the workshop. If I am signing as a parent or guardian of a participant, I have read this form, consent to the minor's participation in the exercise, agree to the foregoing release, and agree for myself and the participant to hold such parties harmless as stated above.

Participant Signature: _____ Date: _____

Name of Parent/Guardian (if participant is under 18. Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

PHOTOGRAPHY RELEASE [NOT REQUIRED]

I grant permission to Roar Training LLC, and its agents or employees, to use photographs taken of me on the dates and at the locations listed below for use in promotional publications, such as brochures, newsletters, and magazines, and to use such photographs in electronic versions on a web site, blog, Facebook page, or other electronic forms or media, and to offer them for use or distribution in other publications, electronic or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Location of Photos: _____ Date(s): _____

Signature: _____

Name: (Please Print): _____
