

Date: _____

CRUSHER COMBAT SPORTS INC.
Waiver Form for Liability and Release

PLEASE READ THIS ENTIRE FORM CAREFULLY

This is an agreement made between the applicant /student and Crusher Combat Sports Inc.

The applicant hereby applies for membership at Crusher Combat Sports Inc or usage of facility and agrees to observe and follow all school rules and regulations established to maintain order, protect all members(staff and students), and to respect the discipline of the instructors.

I, (name of participant) _____, confirm and agree as follows;

1. I am in proper physical condition to participate at Crusher Combat Sports Inc. I suffer no medical condition that will prevent me from participating in a healthy manner or which may increase my risk of injury. Crusher Combat Sports Inc urges all students to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise classes.(I acknowledge having been advised by Crusher Combat Sports Inc to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise classes and agree that should I refuse or neglect to seek such physical examination, I accept all liability or consequences therefore.)
2. All exercises, use of gym weights, machinery, equipment, and apparatus shall be used at students sole risk. It is the students entire responsibility that they understand that Crusher Combat Sports Inc shall not be liable to student for any claims, demands, injuries, damages, or actions arising due to injury caused by students, instructors or use of equipment. Student hereby holds the school, its owners, officers, agents, volunteers and employees harmless from all claims which may be brought against them by student or on students behalf for ANY such injuries or claims.
3. I understand that proper instruction of Martial Arts and Fitness classes requires that I learn mental and physical discipline. I therefore agree to observe all necessary rules for the purpose of maintaining and prompting order and to protect my classmates and myself from injury.
4. I completely understand that there are inherent dangers in the practice of Mixed Martial Arts and that I may suffer injury or infection as a result of instruction and/or practice. I acknowledge and understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability and or severe social and economic losses, possible result in death due to not only my own actions, inaction or negligence , but also to the actions, inaction or negligence of others. I know there may be risks not known to me or not foreseen at this time.
5. I release and discharge Crusher Combat Sports Inc in its entirety from any and all liability for damages or claims resulting from instruction in Mixed Martial Arts or ANY other course/activity that is offered by Crusher Combat Sports Inc. This release is unrestricted and extends to all claims or damages whatsoever suffered by me, person or property, my future prospects and whether of a physical, mental or monetary in nature.
6. I will not take any proceedings which will subject Crusher Combat Sports Inc to Any liability whatsoever. This includes those against third parties or through any government authority. CCS has rights to use pictures/video for media and advertising. At NO time what you are taught will be used or taught without approval. I agree to indemnify and save harmless Crusher Combat Sports Inc from and against all such liability.
7. If by reason of death or permanent disability, the applicant is unable to continue their membership, applicant or applicants estate shall be relieved from the obligations of your contract, and if there is a prepaid sum , that amount shall be promptly refunded.
8. PLEASE Make membership payments on time with recurring credit card or pay \$25.00 NSF FEE!! Termination of contracts are ONLY accepted if you are medically unfit with doctors note, in the military or If moving from Victoria / Cowichan Valley. Please give at least one months notice to cancel your term. All other cancellations you are required to pay half of the remaining term of commitment. I agree
9. I completely understand the school rules as promulgated from time to time. I promise to conduct myself in a safe and proper manner at all times. ANY action or violation of these rules in or outside this facility that brings Crusher Combat Sports Inc into disrepute may be the cause for suspension or cancellation of membership. Be sure to read New COVID 19 protocol and guidelines.
10. Parent(s) or legal guardians of minor participants (age 17 and under) additionally agree that they instruct the minor participant to the above warnings, conditions and their ramifications. They consent to the minors participation as set out in this agreement.

*I hereby agree to indemnify and save harmless Crusher Combat Sports Inc of and from any liability due to COVID 19 or other diseases, losses, damages, costs, charges, expenses, actions, causes of action, and claims of every nature and kind whatsoever which may be made against Crusher Combat Sports Inc by any person, firm, corporation, government, or by any governmental department, body, commission, board, bureau, agency or instrumentality including the Crown in any of Her capacities arising out of or in any way connected with my actions or my failure to abide by the terms of this agreement or by the rules set out by Crusher Combat sports Inc.

Initials REQUIRED: _____

I HAVE READ THE ABOVE WAIVER FORM OF LIABILITY AND RELEASE AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING IT. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. BY SIGNING THIS DOCUMENT I HAVE WAIVERED CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

In WITNESS WHEREOF the parties have executed this agreement,

APPLICANT/PARTICIPANT:

Name _____ **Signature** _____

PARENT/LEGAL GUARDIAN:

Name _____ **Signature** _____

CRUSHER COMBAT SPORTS REPRESENTATIVE:

Name _____ Signature _____

PLEASE READ AND SIGN BOTH SIDES IN FULL. THIS IS A DOUBLE SIDED DOCUMENT!!!

STUDENT INFORMATION

Full Name of Participant : _____

Address : _____

Phone # : _____ Cell/Work : _____

AGE : _____ Date Of Birth: _____

Email : _____

Do you want to be added to our email list ? (please circle one) YES NO
(This email is for class changes, events, closures and specials that are available for CCS Students)

Emergency Contact : _____ Phone # _____

Do you have any medical concerns? (please circle one) Yes NO
If so please provide information: _____

Martial Arts Experience : _____

Additional Information : _____

We would like to know : How did you hear about **Crusher Combat Sports** ?? PLEASE Circle one -
Word of Mouth / Phone Book / Website / Facebook / Poster-Fliers / Radio / TV / Newspaper / Rec. Centre

Name of referral: _____

CCS Staff ONLY

Please Circle one - MEMBERSHIP - PUNCHCARD - DROP IN - Intro/REC.PROGRAM
NOTES:

PLEASE READ AND SIGN BOTH SIDES IN FULL. THIS IS A DOUBLE SIDED DOCUMENT!!!