

Tribe Defense Academy Liability Waiver and Release Agreement

Participant Information:

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

Acknowledgment of Risks

I, the undersigned participant, acknowledge that participation in self-defense, fitness, and martial arts classes at Tribe Defense Academy involves physical activities that carry inherent risks, including but not limited to:

- Strains, sprains, and other musculoskeletal injuries
- Cardiovascular events
- Contact-related injuries
- Accidental falls or collisions
- Equipment-related injuries

I understand that these risks may result in serious injury or death and that Tribe Defense Academy cannot guarantee my safety.

Medical Clearance

I affirm that I am in good physical condition and do not suffer from any medical condition that would prevent

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or limit my participation in the activities offered. I have consulted with a healthcare provider regarding my participation, or I accept full responsibility for any medical issues that may arise.

Assumption of Risk

I voluntarily choose to participate in the activities at Tribe Defense Academy and assume all risks associated with such participation, whether known or unknown.

Release and Waiver of Liability

In consideration of being allowed to participate in classes and activities at Tribe Defense Academy, I hereby release, waive, discharge, and covenant not to sue Tribe Defense Academy, its owners, instructors, employees, agents, and affiliates from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, whether caused by the negligence of the releasees or otherwise, while participating in such activities or while on the premises.

Indemnification

I agree to indemnify and hold harmless Tribe Defense Academy and its representatives from any loss, liability, damage, or costs, including court costs and attorney's fees, that may incur due to my participation in said activities, whether caused by negligence or otherwise.

Photography and Media Release

I grant Tribe Defense Academy permission to use photographs, videos, or other media taken during classes or events for promotional purposes, including but not limited to social media, websites, and marketing materials, without compensation.

Governing Law

This agreement shall be governed by and construed in accordance with the laws of the State of Maryland.

Severability

If any provision of this agreement is found to be unenforceable or invalid, the remaining provisions shall

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remain in full force and effect.

Acknowledgment

I have read this waiver and release of liability in its entirety and understand its contents. I acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____