



# Rising Dragon Martial Arts (LLC)

## Release Form

Print Name (participant) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in courses/programs, you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of these programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the programs and I agree to assume full risk of any injuries, including death, damages or loss, and all activities connected or associated with such programs.

I agree to waive and relinquish all claims I or my minor child/ward may have against Rising Dragon Martial Arts, Limited Liability Company, and any and all of its instructors, assistants, officers, agents, servants, and employees as a result of participating in the programs.

I do hereby fully release and discharge Rising Dragon LLC, and all instructors, officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses, sustained by me or my minor child/ward arising out of, or connected with, or in anyway associated with the activities of the programs.

In the event of an emergency, I authorize Rising Dragon LLC, and all instructors, officers, agents, servants and employees to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be solely responsible for payment of any and all medical services rendered.

I have read, and fully understand the waiver and release all claims.

Signed \_\_\_\_\_  
(legal guardian/parent)

Date \_\_\_\_\_