

Waiver of Liability

The Warrior Forged Project

This agreement releases Stacey Councilman, and all of the instructors working as volunteers under The Warrior Forged Project from all liability relating to injuries that may occur during self defense classes and seminars consisting of any or all of the following activities; Kung Fu San Soo, Krav Maga, Cardio Kickboxing, Boxing, Escrima/Kali/Arnis, training/practicing Jiu-Jitsu/wrestling, Nogi Jiu-Jitsu, or Judo, or any boot camp, calisthenics exercises.

By signing this agreement, I agree to hold Stacey Councilman, and all of the instructors working as volunteers under The Warrior Forged Project entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in all the activities listed herein as well as any strenuous activity I may participate in. These include but are not limited to any injury that may incur while participating in these activities. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit all right to bring a suit against Stacey Councilman, and all of the instructors working as volunteers under The Warrior Forged Project for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, (Print)
(participant) fully understand and agree to the above terms.

Signature of participant

I also take full responsibility for the minors accompanying me listed below, and hold Warrior Forged Project and all volunteers and instructors free from liability:

Address _____

Phone Number _____

Email _____

Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration, by the Warrior Forged Project. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only. By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____ Signature _____

I also take full responsibility for the minors accompanying me listed below, and give Warrior Forged Project full photography and videography permission:

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(group seminar signup sheet)

Name of participant _____

Name of gaurdian if under 18 _____

Name of participant _____

Name of gaurdian if under 18 _____

Name of participant _____

Name of gaurdian if under 18 _____

Name of participant _____

Name of gaurdian if under 18 _____

Name of participant _____

Name of gaurdian if under 18 _____

Name of participant _____

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