



Hayashi's Martial Arts
211 Teramar Way – El Paso Texas 79922
(915) 760-6999

Coaches Certification Clinic WAIVER

Name: _____ Date: _____ Age: _____

Email Address: _____

Phone: (_____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Class(es) Desired: _____

Waiver and Release of liability and agreement to Participate:

In consideration of being permitted to participate in any way, I hereby: Acknowledge and fully understand that I, will be engaging in a contact sport that might result in: serious injury including permanent disability or death, and serve social and economic losses due to not only to my own actions, inaction or negligence but also due to the actions, interactions or negligence of others or conditions of the premises or any equipment use further, I acknowledge, that there may be other risks not known to me or not reasonably foreseeable at this time.

Knowing the risks involved in the martial arts, I assume risks and accept personal responsibility for the damage following such injury, permanent stability, or death.

I release, waiver and discharge USA Judo and Hayashi's Martial Arts Academy, their respective administrators, directors, agents, coaches and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, and guardians from any claims, demands, losses of damages on account of personal injury, including permanent disability or death and/ or damage to property.

Mandated by Safe Sport): *MAAPP Policy The Center for SafeSport has developed the Minor Athlete Prevention Policies (MAAPP) which USA Judo has adapted to our own sport. The MAAPP is a collection of proactive and training policies comprised of two parts; Education & Training Policy that requires training for certain Adult Participants and the Required Prevention Policies, focused on limiting one-on-one interactions between Adult Participants and Minor Athletes to prevent abuse. The full MAAPP policy can be found at www.usjudo.org.*

I have read the above warning, waiver, and release, understand that I give up substantial rights by signing it, and knowing this, sign it voluntarily. I agree to participate knowing the risk and conditions involved and do so entirely of my own free will. I affirm that I am at least 18 years of age, or, if I am under 18 years of age, I have obtained the required consent of my parent/guardian as evidenced by their signature below.

Participant's Printed Name

Participant's Signature

Date