

FUSE Martial Arts
Visitor Liability Waiver and Release of Liability
Brazilian Jiu-Jitsu & Muay Thai Classes



Student's Name: _____

Date of Birth : _____ / _____ / _____

(Applies If Students Under age)

Parent First & Last Name: _____

Parent First & Last Name: _____

Phone Number: (____) _____

Emergency Contact: _____

Phone Number: (____) _____

Email: _____

Previous BJJ Experience: () Yes () No. What is your rank? _____

Name of School: _____

Name of Instructor: _____

How did you hear about Fuse Martial Arts? _____

What are your Goals with you or your child training with Fuse Martial Arts:

Acknowledgment and Assumption of Risk

I, the undersigned, acknowledge that I am voluntarily participating in martial arts classes, including Brazilian Jiu-Jitsu and Muay Thai, conducted by Fuse Martial Arts (Chess Lab, Short Fuse Martial Arts / Shortfuse INC). I understand that martial arts training involves physical activity and learning self-defense that can be strenuous and may involve risk of injury, including but not limited to sprains, strains, fractures, bruises, or more serious injuries.

I am aware of the risks involved and agree to assume full responsibility for any injury or accident that may occur during my participation, whether caused by my own actions, the actions of others, or the condition of the facilities.

Release of Liability

In consideration of being allowed to participate in classes at Fuse Martial Arts, I agree to release, waive, discharge, and hold harmless the School, its owners, instructors, employees, agents, and affiliates from any and all claims, liabilities, damages, or expenses for any injury, loss, or damage to person or property resulting from my participation, whether caused by negligence or otherwise.

Medical Conditions

I certify that I am in good health and have no medical conditions that would prevent me from safely participating. I agree to inform the instructors of any medical conditions or injuries before training.

Rules and Safety

I agree to follow all safety instructions and rules provided by the instructors and to conduct myself in a respectful and responsible manner. I understand that failure to do so may result in my removal from classes without refund.

Photography and Video

I grant permission for photographs or videos taken during classes to be used for promotional purposes by the School.

Acknowledgment

I have read this waiver carefully, understand its content, and voluntarily agree to its terms. I acknowledge that I am signing this waiver freely and voluntarily.

Student Name: _____ Date: _____ / _____ / _____

Parent Adult Signature: _____ Date: _____ / _____ / _____