

JAPAN KARATE-DO GENBU-KAI of MINNESOTA

121 West 3rd Street Winona MN 55987 Ph. 507.452.5009

CONSENT AND RELEASE

Please initial if accepted.

_____ I realize this is a contract with legal consequences. I have been advised to read it carefully before signing.

_____ I acknowledge that by signing this document I am releasing the Winona Family YMCA, Shito-ryu Karate-do Genbu-kai, Japan Karate-do Genbu-kai of Minnesota, Saint Mary's University of Minnesota, The City of Rollingstone, Cotter Schools, and their officers and members from liability.

_____ I acknowledge that karate is inherently dangerous and fully realize the dangers associated with karate and FULLY ASSUME THE RISKS ASSOCIATED WITH PARTICIPATION. I choose to participate, nonetheless, of my own free will and at my own risk and sole responsibility.

_____ I HEREBY WAIVE, RELEASE, HOLD HARMLESS, AND PROMISE NOT TO SUE THE WINONA FAMILY YMCA, MINNESOTA ITOSU-KAI INC, JAPAN KARATE-DO GENBU-KAI OF MINNESOTA, SHITO-RYU KARATE-DO GENBU-KAI, SAINT MARY'S UNIVERSITY OF MINNESOTA, THE CITY OF ROLLINGSTONE, COTTER SCHOOLS, THEIR AGENTS, OFFICIALS, EMPLOYEES AND MEMBERS ("released parties") FROM ANY CLAIMS FOR NEGLIGENCE INCLUDING CLAIMS ARISING FROM THE RELEASED PARTIES OWN NEGLIGENCE, WHICH I MAY HAVE FOR ANY DAMAGES SUSTAINED BY ME IN CONNECTION WITH MY PARTICIPATION IN KARATE.

_____ I agree, should I assert claims prohibited by this agreement I shall be liable for expenses (including legal fees) incurred by the defending party unless the defending party is finally adjudged liable. This agreement shall bind my heirs, legal representatives, successor or assignees.

_____ I agree to be responsible for any and all bills associated with all accidents and medical situations arising from use of released parties facilities and/or participation in karate.

_____ I have fully read and understood this waiver and release, and affirm that all choices made by me, including selections of equipment, techniques, and the very decision to participate in karate are made at my own risk and sole responsibility. I also understand and accept that if any part of this release shall be found invalid, the remaining portions shall remain in full force and effect.

Signature Printed Name Date

Address Telephone

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or legal guardian of _____ (minor child) and I consent to said child participating in this activity or event. I HAVE READ AND I UNDERSTAND THE RELEASE. In consideration of released parties allowing said child to participate, I consent to said liability and agree ITS TERMS SHALL BIND ME, SAID CHILD, our legal representatives and assigns.

Signature Printed Name Date

Address Telephone