

**RELEASE AND ACKNOWLEDGEMENT FOR
HIGH RISK MARTIAL ARTS ACTIVITY**

Name: _____ Phone #: _____

Address: _____

To the potential student / current student:

Please be advised that this is a release and acknowledgment to study high-risk martial arts. This study shall include but is not limited to a study of a variety of highly dangerous martial arts systems. In this case you will be learning significantly dangerous and potentially lethal techniques.

Please Initial Here: _____

The student hereby completely waives Phoenix Karate-do Association and Full Force LLC, its officers, employees and agents from any and all liability from injuries that may result in the practice of said techniques. It has been strongly advised to the student that these techniques shall never be practiced outside the school without proper supervision of the instructor. Should the student disregard this important instruction the student expressly waives Phoenix Karate-do Association, Full Force LLC, its officers, employees and agents from any and all injury and liability that may result from such practice. Further the student hereby also agrees to fully identify and hold harmless Phoenix Karate-do Association and Full Force LLC, its officers, employees and agents from any and all liability from injury which may result to a third party which may be injured by the students practice or use of said techniques. This identification shall also include the payment of attorney fees to defend any litigation which may be incurred by Phoenix Karate-do Association and Full Force LLC, its officers, employees and agents pertaining to the above.

Please Initial Here: _____

Be advised that this risk class may result in the following injuries, however said list shall not be deemed to be complete:

- Bruising / contusions
- Cuts / scrapes / scratches
- Loss of consciousness per use of blows or strangle holds
- Fractured bones via use of blows, arm bars, shoulder locks, heel hooks, leg locks, wrist locks, neck holds / locks / cranks

Please Initial Here: _____

I have read the above and spoken with Mr. Codispoti, who has answered any and all of the questions I had relating to this activity, and I hereby fully consent to the participation of this activity for which I assume all said increased risk.

Student's signature: _____ Date: _____

(If not 18 must be signed by parent or guardian)