



DEADGAME FIGHT SCHOOL

RELEASE/WAIVER OF LIABILITY/INDEMNITY AGREEMENT

In consideration of being allowed to participate in DEADGAME FIGHT SCHOOL activities, training, and programs and use of facilities and equipment, I do hereby waive, release, covenant not to sue and forever discharge DEADGAME FIGHT SCHOOL and its officers, members, agents, employees, representatives, executors, and all others from any and all responsibilities or liabilities from injuries or damages resulting from my participation in any activities or my use of equipment and facilities in the above mentioned facility. I do hereby release all those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of DEADGAME FIGHT SCHOOL or the use of any equipment at DEADGAME FIGHT SCHOOL.

I understand and am aware that boxing and full contact sports and participation in them is a potentially hazardous activity. I also understand that these activities involve risk of injury or even death, and that I am voluntarily participating in these activities. It has been advised that I should make provisions for coverage of liability within my own insurance policy.

I acknowledge that I have and am hereby advised to seek and obtain any necessary medical clearances from my physician to undertake the physical examination prior to beginning any exercise activity. I have obtained the necessary medical clearances to participate in activities and programs. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. I am in good health not under the influence of any substance and I am capable of performing the physical activity I choose to participate in.

I hereby agree and consent to voluntarily engage in any and all exercises and physical activity opportunities at DEADGAME FIGHT SCHOOL and to voluntarily use DEADGAME FIGHT SCHOOL equipment and facilities at my own risk and with the full knowledge and appreciation of any and all dangers and risks inhibited
CONSENT TO USE IMAGE

I do hereby give DEADGAME FIGHT SCHOOL and its designees the irrevocable right to use my photograph and or video imaging as a part of their printed material, social media, website and any promotional marketing advertisement. I hereby waive all rights to approve the finished product. I also release DEADGAME FIGHT SCHOOL from any claims for compensation associated with any forms of damages, foreseen or unforeseen, associated with the use of the images or videos.

IMPORTANT – READ BEFORE SIGNING

I HEREBY ACKNOWLEDGE BY SIGNING THIS FORM ON BEHALF OF MYSELF AND/OR THE CHILD LISTED ON THIS FORM, I AGREE THAT THE RELEASE, WAIVER OF LIABILITY, IDEMNITY AGREEMENT, CONSENT, AND ALL OTHER TERMS ABOVE APPLY TO ME AND/OR TO THE CHILD.

***If applicant is less than 18 years of age, a parent or legal guardian must read above application and give consent on the signature below:

NAME OF PARTICIPANT: _____

DATE: _____

SIGNATURE: _____

PARENT/GUARDIAN

If Parent/Guardian signing, please print name: _____