

## Liability Release & Waiver/Privacy Act Procedures

**Release and Waiver:** I hereby absolve **Wesley Springs, Scott Ross, and anyone acting under the direction of Wesley Springs or Scott Ross** of any liability which may arise as a result of my participation in this Martial Arts program. If the participant is a minor (under the age of 18) then a parent or legal guardian must sign this waiver. I hereby give permission for him/her to participate in this Martial Arts program, and in so doing, absolve **Wesley Springs, Scott Ross, and anyone acting under the direction of Wesley Springs or Scott Ross** of such liability. I understand that the class I am entering involves the risk of injury; I hereby voluntarily assume such risk. I understand that it is the recommendation of Wesley Springs and Scott Ross that anyone considering this or any other physical activity should consult his/her physician before beginning.

**Certification of Fitness and Waiver of Living Word Family Church, Liability for Personal Injury:** By signing this form, the Enrollee certifies that He/She is in good health and fitness. Enrollee agrees and recognizes that all exercises and /or courses are undertaken at the Enrollee's own risk. The Enrollee understands that there is a risk of personal injury involved in the course of instruction and with this knowledge waives his or her right to compensation for any and all loss arising hereunder and agrees to indemnify and save harmless **Living Word Family Church., it's agents and employees** from any and all liability or damages resulting from either personal injury or theft or loss of personal property whether or not due to the negligence of the Operator, and any and all losses caused by accident or injury to the Enrollee, or to third persons, who may also be Enrollees, in the event that either the Enrollee or said third person is injured in any way during the performance and execution of exercises. **Living Word Family Church, and its agents and employees** shall not be responsible for such personal injuries or for damaged, lost or stolen articles, inside or outside facility.

**Privacy Act:** This form is used to provide identification of authorized persons registering for these classes. The information provided will not be divulged without written authorization to anyone other than to authorized government personnel, or on official need-to-know basis. Failure to provide accurate, requested information would result in the inability of the prospective student to participate in the program. Authority to request information is contained in **Title 5 United States Code 301**.

Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Instructor/Authorized Representative \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_