

**COMPREHENSIVE TRAINING CONCEPTS, PLATO'S CAVE, &
HOWARD COMMUNITY COLLEGE WARNING, WAIVER, AND
RELEASE OF LIABILITY FOR PARTICIPATION**

This agreement and release must be signed by all participants, and by their parent(s) or guardian(s) if participant is a minor, who wish to participate in classes, seminars, and/or other events given and/or supported by the **Comprehensive Training Concepts, Plato's Cave, and/or Howard Community College**.

Please Read Carefully Before Initialing And Signing

1. Agree that prior to participating I will inspect the mats, equipment, facilities, and any other related structure(s) to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise the instructor(s) and or event supervisor(s) of such condition(s) and refuse to participate, Initial_____

2. Acknowledge and fully understand that martial arts are physical contact activities and sports and that I will be engaging in activities that are ultra-hazardous, and might result in serious injury, including permanent disability or death, and severe social and economic loss due to not only my own actions, inactions, or negligence, but also the action, inaction, or negligence of others. Initial_____

3. Acknowledge and fully understand that the practice of martial arts involves striking by the hands, feet, knees, elbows, and other body parts, as well as throwing, joint-locking, and the use of various martial arts weapons including sticks, knives, flexible weapons, as well as martial arts training equipment including striking pads, and conditioning equipment, and that participation in activities involving the aforementioned, can result in death or serious injury as a result of my own actions, inactions, or negligence as well as the actions, inactions, or negligence of others. Initial_____

4. Assume all risks involved in the training of the martial arts and accept personal responsibility for the damages following such injury, permanent disability, or death. Initial_____

5. Enter Comprehensive Training Concepts, Plato's Cave, & Howard Community College classes, practice, seminars or competition entirely on my own free will and understand the importance of following the safety rules and all directions given me by the instructor, his appointed representatives, and/or supervisors. Initial_____

6. Certify that I am in good physical condition and have no disease, illness, injury, or any other conditions that would impair my performance or physical and mental well-being in intense physical practice, training, or competition. Initial_____

7. Grant my permission in case of injury to have a doctor, nurse, athletic trainer, or other medical personnel provide me with medical assistance or treatment for such injury.

Initial_____

8. Release, waive, discharge and covenant not to sue the **Comprehensive Training Concepts, Plato's Cave, Howard Community College, Patrick & Mary Finley or their estate including the training gym located in their residence at 5008 Lake Circle West**, martial arts clubs or schools affiliated with any of the entities identified in this waiver, their respective administrators, directors, agents, coaches, and other employees or volunteers of any of the organizations and/or locations identified in this waiver, event officials, medical personnel, other participants, their parent(s), guardian(s), supervisor(s), and/or instructor(s), sponsoring agencies, sponsors, advertisers, and if applicable, owners and/or leasers of the premises used to conduct the class or event, all of which are hereinafter referred to as "releasees", from any and all claims, demands, losses, or damages on account of injury, including disability and death, or damage to property caused or alleged to be caused in whole by the actions, inactions, or negligence of the releasees or otherwise.

Initial_____

9. I understand that medical insurance coverage is required for participation in any and all classes and activities associated with Comprehensive Training Concepts, Plato's Cave, its instructors, students, and associates. I have provided the name and policy number of my insurance provider below.

Initial_____

I HAVE READ THE ABOVE WARNINGS AND CAUTIONS AND UNDERSTAND THEM. BY SIGNING THIS RELEASE I ABSOLVE THE CAPITAL AREA MARTIAL ARTS ASSOCIATION, COMPREHENSIVE TRAINING CONCEPTS, PLATO'S CAVE, HOWARD COMMUNITY COLLEGE, PATRICK & MARY FINLEY OR THEIR ESTATE INCLUDING THE TRAINING GYM LOCATED IN THEIR RESIDENCE AT 5008 LAKE CIRCLE WEST, MARTIAL ARTS CLUBS OR SCHOOLS AFFILIATED WITH ANY OF THE ENTITIES IDENTIFIED IN THIS WAIVER FROM ANY AND ALL RESPONSIBILITIES FOR INJURIES AND/OR DEATH AS A RESULT IN PARTICIPATION IN THESE ACTIVITIES. KNOWING THIS, I SIGN THIS WAIVER VOLUNTARILY. MINORS MUST ALSO HAVE THEIR PARENT/GUARDAN SIGN ON THE APPROPRIATE LINE.

(Print Name) (Signature) (Date)

(Printed Name of Parent/Guardian) (Signature) (Date)

(Medical Insurance provider) (Policy Number)