

**WAIVER AND RELEASE OF LIABILITY - PRIMITIVE JIU-JITSU ACADEMY**

I, \_\_\_\_\_, on behalf of myself (and/or my minor child) will participate in Brazilian Jiu-Jitsu at Primitive Jiu-Jitsu Academy assuming all risk and responsibility. I HEREBY:

1. I acknowledge **the risks and hazards connected with the participation of adults/kids in Brazilian Jiu-Jitsu, Grappling, Self-Defense, and Strength Training. This includes physical injury or death.** I hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property.
2. **I hereby release, waive, and concur through this contract not to sue, Primitive Jiu-Jitsu Academy, Elijah Pizarro, their office, and employees (hereinafter referred to as RELEASEES).**
3. **I represent that I have health insurance and do not have any undisclosed medical conditions.** I have adequate insurance to cover any injury or damage I may attain or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself.
4. I acknowledge that **this document is a contract and agree that if a lawsuit is filed** against Primitive Jiu-Jitsu Academy, employees, or instructors for any injury or damage **is in breach of this contract**, the "Undersigned" will pay all attorney's fees and costs incurred by Primitive Jiu-Jitsu Academy in defending such an action.
5. In signing this release, **I acknowledge and represent that I have carefully read The Waiver and Release of Liability, understand it, and sign it voluntarily as my free act and deed;** no oral representations, statements, or inducements, apart from the foregoing written agreements have been made.

I have made a free and deliberate choice to sign this Waiver and Release as a condition to allow me and/or my child to participate in Brazilian Jiu-Jitsu and physical activities. I have concluded that the risks involved and the release and waiver of liability are worth the pleasure of this experience.

Signature: \_\_\_\_\_ [Guardian's signature if child is under 18].

I Reside at \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_. [Street Address] [City] [State] [Zip]

Date: \_\_\_\_\_ Email: \_\_\_\_\_ Cell # \_\_\_\_\_

Cell # \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Medical Conditions (if any): \_\_\_\_\_