AGREEMENT AND RELEASE FROM LIABILITY

1. **Voluntary Participation.** I, _____, acknowledge that I have
(print name)
voluntarily applied, or have voluntarily allowed my child _____ to apply, to
(print child's name)
participate in kendo instruction and training at Arkansas Kendo Club (hereinafter, AKC).

2. **Assumption of Risk.** I AM AWARE THAT PARTICIPATION IN KENDO, AS IN ANY SPORT OR PHYSICAL ACTIVITY, MAY CAUSE PHYSICAL INJURY, DAMAGE TO PROPERTY, AND, IN RARE INSTANCES, DEATH. I UNDERSTAND THE RISK OF ANY INJURY OR DEATH INVOLVED WITH ANY ACTIVITIES RELATED TO AKC. I AM VOLUNTARILY PARTICIPATING OR ALLOWING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGERS INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DAMAGE OR DEATH AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____.

3. **Release.** As consideration for being permitted by AKC to participate in these activities and use related facilities, I agree that I, my child, our assignees, heirs, guardians and legal representatives will not make a claim against, sue or attach the property of AKC (or its club members, instructors or facilities it uses), AUSKF, SWKIF, Arkansas Festival Ballet or the City of Little Rock for injury, damage or death resulting from the negligence or other acts (however caused) by any employee, agent, student, invitee or contractor of AKC as a result of my or my child's participation in kendo or presence at any AKC facility. I hereby release AKC from all actions, claims and demands that I, my child or our assignees, heirs, guardians and legal representatives now have or may hereafter have for injury, damage or death resulting from my or my child's participation in kendo or presence at any AKC facility.

4. **Other Conditions**. Students must comply with rules and regulations of kendo in general, AKC, and orders of instructors and senior students. AKC, its instructors and senior students may refuse to provide instruction or make facilities available to those noncompliant students. Students must immediately disclose to AKC any medical condition affecting participation in kendo, any injury incurred or inflicted and any matter that might adversely affect the safety of themselves or others. Students are responsible for maintaining their own medical insurance and must provide proof of coverage to AKC annually or at any other time requested.

5. **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN AKC, ME AND MY CHILD AND SIGN IT OF MY OWN FREE WILL.

Executed on [*date*] _____at [*city*]_____, [*state*]_____.

_____ _____

Signature of participant, parent or guardian *Print Name*