RELEASE AND WAIVER OF LIABILITYAND INDEMNIFICATION AGREEMENT

American Jiu Jitsu Centers Inc/ Jiu Jitsu ACTIVITY

Printed Name _____X

premises, and equipment. I on behalf and forever discharge American Jiu servants, agents, successors and ass including but not limited to death, to Body Shaping activity and/or my or ar of these facilities, premises, and/or	in the above-referenced activity and use of myself, my heirs, administrators and a Jitsu Centers Inc. ; their directors. Office signs (each a "RELEASEE") from all clair me and/or damage to my property the result of the persons' use, and/or the design of equipment that are caused in any manner gligence, gross negligence and/or reckless.	essigns, release ers, employees, ms for injuries sults from Total or the condition er whatsoever,	ITIALS
the use of this facility, premises and / o	sk involved in American Jiu Jitsu Centers ac or equipment. I assume full responsibility fo egligence, gross negligence and/or recklessi	or all these ness of each	ITIAL C
I release each RELEASEE from any liabi death to me to any person or property facility, premises and/ or any equipme injury including but not limited to deat	not limited to se of this lamage or	ITIALS	
I promise not to sue any RELEASEE and related thereto shall rest exclusively in located. I agree to indemnify and hold the RELEASEE may incur due to my fail Jitsu Centers Activity and/or from any premises and/ or the equipment furnis	or any issue u Centers inc. is bility, or cost uy American Jiu	IITIALS	
and that of my unborn child if I am pre	rider/passenger, I will be responsible for n gnant. American Jiu Jitsu Centers inc. stron of participate in this activity unless they hav al physician.	gly advises and re received	NITIALS
waiver of liability. I accept, understand	. I have read and voluntarily signed this rele I and agree to its contents. I intend to be le nd assigns, by this release and waiver of lial	gally bound,	IITIALS
Circle the School you are regi	stered at Saint James, Manhattan, (Commack, Deer Park, Ot	her
Name	Phone #	Age	
Address	M/F Email _	<u>-</u>	
	Date		
Signature	X Witness Signed_		_X

Printed Name_____X