



AGREEMENT AND RELEASE FROM LIABILITY

1. **Voluntary Participation.** I, _____, acknowledge that I have voluntarily applied, or have voluntarily allowed my child _____ to apply, to participate in kendo instruction and training at a dojo or club.
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, EVEN DEATH. I AM VOLUNTARILY PARTICIPATING, OR ALLOWING MY CHILD TO PARTICIPATE, IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DAMAGE, AND/OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____.
3. **Release.** As consideration for being permitted by Georgia Kendo Alliance, Inc. (GKA) and Athletic Club Northeast (ACN) to participate in these activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attack the property of Athletic Club Northeast (ACN), Georgia Kendo Alliance, Inc. (GKA), Southeast United States Kendo Federation (SEUSKF) or All United States Kendo Federation (AUSKF) on account of injury, damage, or death resulting from the negligence or other acts, however caused, by any employee, agent, or contractor of ACN, GKA, SEUSKF, AUSKF as a result of my, or my child's, participation in kendo. I hereby release ACN, GKA, SEUSKF, AUSKF from all actions, claims, or demands that I, my assignees, heirs, distributees, 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.

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4. **Bylaws, Rules and Regulations.** I hereby acknowledge and agree to follow GKA Bylaws, as well as, all ACN Rules and Regulations.

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 ACN, GKA, SEUSKF, AUSKF AND MYSELF AND SIGN IT OF MY OWN FREE WILL.

Executed on _____ [date] at _____ [city], _____ [state].

Signature of participant or, if participant is a minor,
signature of participant's parent or guardian

Print name

DECLARATION OF WITNESS

I certify that _____ [above participant/parent of participant] acknowledged my presence that he/she read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence.

Executed on _____ [date] at _____ [city], _____ [state].

Signature of witness

Print name