

Ronin Monster Factory, LLC

Waiver of Liability for Sports Training

Waiver for training:

I (_____) (printed name) am a participant of *Ronin Monster Factory, LLC and associated coaching staff's (RMF's)* training course. I desire to participate in the training. In consideration of being permitted to participate in such training, I, for myself, my hires, personal representative(s) and assigns hereby represent and agree as follows:

1) _____ (Initials) I hereby release and forever discharge, and agree to indemnify and hold harmless RMF and any of its agents from and against any and all liabilities, claims, demands and causes of any actions on account of any loss or injury in any way arising out of relations to my participation in or involvement in training activities, and use of training equipment and RMF, including travel there to and from, whether due to the negligence, omission, default or other actions of any persons or entity. RMF is not and will not be responsible for students during this training.

2) _____ Knowing the dangers, hazards and risks associated with training and instruction, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to my person or property in any way associated with participation in such activities.

3) _____ I understand the rules and regulations applicable to the training being given in part, for safety and protection of participants and I agree to abide by those rules and regulations set forth by the instructors.

4) _____ To the fullest extent permitted but law, I hereby release and forever discharge, and agree to indemnify and hold harmless RMF and any of its instructors or agents from and against any and all liabilities, claims, demands and causes of actions on account of any loss or injury in any way arising out of relation to my participation in or involvement in training, or use of equipment, including travel there to and from, whether due to the negligence, omission, default or other actions of any person or entity.

_____ I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Participant _____ date _____

Printed Name of Participant _____

Signature of Parent /Guardian if Participant is under 18 _____

Date _____

Participant Contact Information: (Please check the preferred method of contact)

- Email: _____
- Text (phone number): _____
- Call (phone number): _____
- Other (please specify): _____

Emergency Contact Information:

Name & Phone Number: _____
Relationship to Participant: _____