



Activity Waiver Form

THIS ACTIVITY WAIVER FORM (this "Waiver")

Dated this _____ day of _____

IN CONSIDERATION of being allowed to participate in the Activity and other good and valuable consideration, the receipt of which is hereby acknowledged, I _____ (the "Participant"), agree with **Nova Forca Mata BJJ of Dunton Green Pavilion, Recreation Ground, Dunton Green, Sevenoaks TN13 2UR, UK** (the "Activity Provider") to the following:

DETAILS OF ACTIVITY

1. The Participant will be participating in the following activity: Brazilian Jiu-Jitsu (the "Activity") provided by the Activity Provider.

CONSIDERATION

2. Being of lawful age and in consideration of being permitted to participate in the Activity, the Participant releases and forever discharges the Activity Provider, its owners, directors, officers, employees, agents, assigns, legal representatives, and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the Activity, except for personal injuries resulting from the negligence of the Activity Provider.

3. The Participant understands that the Participant would not be permitted to participate in the Activity unless the Participant signed this Waiver.

RISK ACKNOWLEDGMENT AND ASSUMPTION OF RISK

4. The Participant fully understands and acknowledges that Brazilian Jiu-Jitsu is a physically demanding martial art and carries inherent risks. The Activity involves

physical contact, which may result in personal injury, including but not limited to cuts, bruises, sprains, strains, dislocations, fractures, concussions, and other physical trauma. The Participant acknowledges these risks and voluntarily assumes all risks of injury, damage, or loss arising from participation in the Activity.

5. The Participant understands the importance of following any rules or directions as set out by the Activity Provider. This includes the proper application of Brazilian Jiu-Jitsu technique(s) as taught by any employee or representative of the Activity Provider. The Participant agrees to adhere to said rules or direction and is aware that the consequences of failing to do so may increase the inherent risk to the Participant. Acting in a manner contrary to any rules or direction may result in a limitation of liability on behalf of the Activity Provider in the event of any loss or personal injury.

FITNESS TO PARTICIPATE

6. The Participant confirms that they do not have any physical limitations, medical conditions, or mental disabilities that would limit or prevent their safe participation in the Activity. If required, the Participant will obtain a medical examination and clearance prior to participating in the Activity.

MEDICAL CONSENT IN CASE OF EMERGENCY

7. In the event of an emergency, the Participant consents to the Activity Provider arranging for medical assistance or treatment as deemed necessary. The Participant agrees to be responsible for any medical expenses incurred as a result of any injury sustained during participation in the Activity.

MEDICAL RESPONSIBILITY

8. The Participant confirms that they are responsible for any injuries or health issues that may arise as a result of participating in the Activity.

FULL AND FINAL SETTLEMENT

9. The Participant acknowledges and agrees with the Activity Provider that:

- The Activity Provider has given the Participant sufficient time to carefully read this Waiver.
- The Participant has been encouraged to seek independent legal advice prior to signing this Waiver.
- The Participant fully understands the risks and claims that the Participant is waiving by participating in the Activity.

- The Participant is freely and voluntarily executing this Waiver.
- The Participant is forever prevented from suing or otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may sustain while participating in or preparing for the Activity, except for any personal injury arising from the negligence of the Activity Provider.

SEVERABILITY

10. If any provision of this Waiver is found to be unenforceable or invalid, that provision shall be severed from this Waiver, and the remaining provisions will continue in full force and effect.

EMERGENCY CONTACT

11. Emergency Contact Name: _____

Emergency Contact Phone: _____

I Confirm that I am over 18 years old: Yes / No

SIGNATURES

DATE: _____

Participant Signature: _____

Parent/Guardian Signature (if Participant is under 18): _____