



RICHMOND CENTRE FOR DISABILITY

Martial Arts & Self-Defense Course

Waiver Form

**This waiver must be completed and returned to the RCD.
One waiver form per participant. Valid for the period the program is held.**

Name of Participant: _____

Home Phone Number: _____

Home Address: _____

City Province Postal Code

I am registering in the Martial Arts & Self-Defense Course, held by the RCD and conducted by Sirota's Alchemy Martial Arts Centre. I understand that this will be a hands-on program involving interaction between participants. Although great intentions have been placed on safety, injuries do occur.

I agree to hold harmless all RCD and Sirota's Alchemy Martial Arts Centre staff and the RCD, including officers and directors, from any liability resulting from my participation in the registered activity.

WAIVER/RELEASE

I agree and understand that the RCD and Sirota's Alchemy Martial Arts Centre ("organizers") and its officers, and directors are not responsible for any loss, damage, personal injury, and death suffered by me, out of, or in connection with participation in this course and/or any activity associated with this course, whatsoever and howsoever caused, including negligence on the part of the organizers. In consideration of my acceptance at the Martial Arts & Self-Defense Program, I agree on behalf of myself, my dependants, heirs, assigns and representatives to release, discharge and hold completely harmless organizers, it's owners, officers, and directors from any and all actions, claims, demands, liabilities, losses, damages, and expenses to my person or property, arising in relation to participation in this project.

Signature of Participant

Date