

**Comprehensive Fighting Systems, LLC
Warning, Waiver, Release of Liability, Assumption of Risk
And Agreement to Participate**

THIS AGREEMENT MUST BE SIGNED BY ALL INDIVIDUALS WHO WISH TO PARTICIPATE IN ANY
COMPREHENSIVE FIGHTING SYSTEMS, LLC SANCTIONED EVENT.

In consideration of being allowed to participate in any way in any program, seminar, or sanctioned event of
Comprehensive Fighting Systems, LLC, I,

Full Name: _____

Phone: (_____) _____ - _____ Email: _____

Address: _____

Emergency Contact Name: _____ Phone: (_____) _____ - _____

1. Recognize and understand that martial arts training is a physical contact activity and that my participation might result in serious injury, including permanent disability or death, and severe social and economic loss.
2. Recognize and understand that such risk may be due to not only my own actions, but also the action, inaction, or negligence of others, the regulations of participation, or the conditions of the premises, or of any of the equipment used.
3. Recognize that there may be other risks that are not known to me or to others or not reasonably foreseeable at this time.
4. Agree to inspect the facilities, equipment, and pairings prior to participation. I will immediately inform an instructor if I believe that anything is unsafe or beyond my capability and refuse to participate.
5. Assume all of the foregoing risks and accept personal responsibility for any damages that may result from injury, permanent disability or death.
6. Enter martial arts training and/or competition entirely of my own free will and understand the importance of following the rules of training and competition. I have been given a copy of the rules and regulations of Comprehensive Fighting Systems, LLC and agree to abide by the instructions given therein.
7. I certify that I am in good physical condition, and have no disease, injury or other condition that would impair my performance or physical and mental well-being during intense training practice and/or competition.
8. Grant permission in case of injury to have a doctor, nurse, athletic trainer or other emergency medical personnel provide me with medical assistance or treatment for such injury.
9. Release, waive, discharge and covenant not to sue Comprehensive Fighting Systems, LLC, its affiliated organizations and governing bodies, their officers, instructors and personnel, other members of the organizations, participants, supervisors, coaches, sponsoring organizations or their agents, and if applicable, owners and leasers of the premises from any and all liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses and damages which may be sustained and suffered on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasées or otherwise.

I HAVE READ THE ABOVE WARNING, WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK AND
AGREEMENT TO PARTICIPATE.

I FULLY UNDERSTAND ITS CONTENTS AND DO HEREBY SIGN IT VOLUNTARILY.

Printed Name
(Parent or Guardian if Under 18)

Signature

Date