

# **Milwaukee Kendo Club**

## *Assumption of Risk, Release and Indemnification*

I, \_\_\_\_\_ and the undersigned, in full recognition and appreciation of  
(print name)

the hazards and exposures involved do hereby voluntarily agree to assume all of the risks and responsibilities involving my voluntary participation in the Milwaukee Kendo Club or any independent activities undertaken as an adjunct thereto; and, further,

I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify and release and forever discharge the Milwaukee Kendo Club and all its officers, agents, employees and volunteers from and against any and all claims, demands, and actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which my result from my participation in the club. I confirm that I have health accident insurance in effect for the inclusive dates of my participation and no such coverage is provided for me by the Milwaukee Kendo Club.

I understand and acknowledge that the inherent risks may include, but are not limited to, each of the following:

- (1) Martial arts hazards, such as slips resulting in falls, or other participants or equipment, resulting in possible injury which can include cuts, abrasions, sprains and trauma or death;
- (2) Acts or omissions of the Milwaukee Kendo Club, negligent or non-negligent whether in instruction, equipment, protection, advice or otherwise;
- (3) Latent or apparent defects or conditions in equipment, property or supplies, supplied by the Milwaukee Kendo Club or others;
- (4) Use or operation by myself (or my child) of equipment supplied by the Milwaukee Kendo Club or others;
- (5) Acts of other participants;
- (6) Weather conditions.

I have read and executed this document with full knowledge of its significance. In witness whereof, I have caused this release and indemnification agreement to be executed this day of \_\_\_\_\_, 20\_\_.  
day month

\_\_\_\_\_  
Signature Date Witness Signature Date

Date of birth \_\_\_\_\_

My current phone number is \_\_\_\_\_ My current email is \_\_\_\_\_

In case if emergency, please contact \_\_\_\_\_ at \_\_\_\_\_  
Optional: In case of emergency, please note that I have the following health needs (i.e., food allergies, allergies to specific medicine, insect bites, etc.)

\_\_\_\_\_

If participant is under the age of eighteen (18)

\_\_\_\_\_  
Parent or Guardian Signature Date Witness Signature Date