

# SCS LIABILITY WAIVER

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Release and Waiver of Liability: We, the student, on behalf of ourselves, members of our family, our heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless, SCS MARTIAL ARTS & FITNESS, its representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in martial arts classes and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of SCS MARTIAL ARTS & FITNESS, its representatives or agents.*

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

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