

## **ASSUMPTION OF INJURY RISKS**

There is a risk of injury, both serious and minor, associated with participation in any martial arts club. The risks are increased with any activity involving physical contact, jumping or otherwise leaving one's feet, diving, sliding, or from moving objects that are thrown or used in martial arts clubs. The risks include, but are not limited to, injury to the head, neck or spine (including paralysis); injury to the muscular or skeletal systems; injury to internal or external organs; loss or damage to sight, hearing or teeth; death; long or short-term disability; loss of income, career opportunities, or the enjoyment of life; pain; and scarring or disfigurement.

**IT IS THE RESPONSIBILITY OF EACH INDIVIDUAL, STUDENT and/or NON-AFFILIATED PARTICIPANT** to know his or her own general state of health and well being, and therefore to be able to certify knowledgeably that he or she is physically fit to participate in a martial art club.

**IT IS ALSO THE RESPONSIBILITY OF EACH INDIVIDUAL, STUDENT and/or NON-AFFILIATED PARTICIPANT** to have health insurance coverage sufficient to provide for medical or dental services and/or equipment regarding any injury, minor or catastrophic, sustained or incurred as a result of participating in a martial arts club, and to certify to the effect.

Therefore, **AS A PRE-CONDITION TO BEING PERMITTED TO PARTICIPATE IN ANY MARTIAL ARTS CLUB, EACH PARTICIPANT** shall read the Agreement set forth below in order to make an educated choice to participate or not participate. Your signature will signify your recognition of the possible health risks involved and your informed consent to them.

To that end, and before releasing The Board of Trustees of the Leland Stanford Junior University, its officers, agents and employees from all actions, claims, or demands related to any injury you may sustain as a result of participating in its martial arts clubs, please give serious consideration to the possible ramifications. You should understand that the causes of possible injury are many, but among them are; injury from bodily contact, incidental to or inherent in the nature of the activity; slipping, falling, or tripping on the playing surface, regardless of its physical or environmental conditions; injury from warming up, practicing, or training for martial arts; injury due to supervision by Stanford employees or agents or student volunteers, paid or unpaid, including referees or officials, or to rules, regulations, and instructions (or lack thereof) regarding the use of equipment or tools or to the nature of the activity itself, particularly for martial arts activities; or injury due to a disparity between and among other participants with respect to experience level, strength, height, weight, age, ability, and the relative activities or maturity of, between, or among other participants.

**AGREEMENT FOR VOLUNTARY PARTICIPATION IN THE  
STANFORD KENPO KARATE ASSOCIATION**

I \_\_\_\_\_ have read the above **ASSUMPTION OF INJURY RISKS** and understand its contents. I acknowledge the risk of injury that may result from participation in the Stanford Kenpo Karate Association (hereafter the SKKA), and am willing to and hereby do voluntarily assume all risks of harm associated with my participation. I certify that to the best of my knowledge, I am physically fit and able to participate in the SKKA and that I am in good health, and that I am unaware of any medical condition which might make my participation inadvisable.

(    ) initials

I am aware that participating in the SKKA may expose me to a risk of injury, minor or serious as described in the **ASSUMPTION OF INJURY RISKS**. I accept and assume all risks, known or unknown, listed or unlisted, that may result from my voluntary participation in the SKKA or in activities related to such activities, regardless of the cause of the injury. (    ) initials

I acknowledge my responsibility to acquire health insurance coverage sufficient to provide for all medical or dental services and/or equipment related to regarding any injury, minor or catastrophic, related to my participation in the SKKA, AND **HEREBY CERTIFY** that on the date noted below, I have such insurance coverage in effect.

(    ) initials

In consideration of The Board of Trustees of the Leland Stanford Junior University, its officers, agents and employees 's permitting me to participate in its SKKA or related activities, I agree, for myself, my heirs, or my legal representatives, to release The Board of Trustees of the Leland Stanford Junior University, its officers, agents and employees, their trustees, officers, agents, employees, students, participants, guests, spectators, instructors, officials or insurers, from any action, claim, or demand that I, my heirs, or my legal representatives have or may have, for any and all personal injuries I may suffer or sustain, regardless of cause or fault, as a result of my voluntary participation in the SKKA or related activities, on or off campus. (    ) initials

In consideration of The Board of Trustees of the Leland Stanford Junior University, its officers, agents and employees permitting me to participate in its SKKA or related activities, I knowingly and intentionally give up any legal right that I, my heirs, or legal representatives have or may have against The Board of Trustees of the Leland Stanford Junior University, its officers, agents and employees, their trustees, officers, agents, employees, students, participants, guests, spectators, instructors, officials or insurers, from any action, claim, or demand that I, my heirs, or my legal representatives, have or may have for any and all personal injuries I may suffer or sustain, regardless of cause or fault a result of my voluntary participating in the SKKA or related activities, on or off campus.

(    ) initials

I knowingly intend my signature on this Agreement to be a complete defense to any legal proceeding that may be brought by anyone on their own or on my behalf for any injury I may suffer or sustain as a result of voluntarily participating in the SKKA or related activities, and further intend this Agreement to be a complete and total release of liability for all negligent acts, failures to act, or breaches of duty owed to me, which result in my personal injury or death as a result of my voluntary participation in the SKKA or their related activities, on or off campus. (    ) initials

**I CERTIFY** that I am 18 years of age or older, that I am legally competent and capable of executing this Agreement on my own behalf, that I have read the foregoing and have made a conscious decision to sign it of my own free will.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ (Name of participant)

**DATE** \_\_\_\_\_

**(Signature of parent or legal guardian if participant is under 18)**

Phone: Daytime: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

This document is a legally binding contract which is intended to provide comprehensive release of liability but is not intended to assert any claims or defenses which are prohibited by law.

10/7/2006