

W A I V E R

I, _____, the undersigned, knowingly and without duress,
(Participant - Please Print Your Name)

do voluntarily submit my application for joining the Chinese Swai Jiao Association and Chin's Martial Arts Academy [hereinafter referred to as "CSJA" and "CMAA"], for their regularly scheduled classes. I hereby assume all risk of physical and mental injuries, disabilities, and losses which may result from or in connection with my participation in the CSJA and/or CMAA classes.

Acting for myself, heirs, personal representatives, and assignees, I do hereby release James Man Chin, CSJA and CMAA, its officers, agents, representatives, servants, employees, volunteers, and all other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause, or thing whatsoever that I may sustain as a result of or in connection with my participation in any CSJA and/or CMAA classes and/or programs.

I also understand that participation, especially but not limited to sparring or sanshou sparring and other reaction skills, entails a great risk of injury, and I assume full responsibility for all my actions, intentional or otherwise, during and in connection with my participation. I fully understand that any medical attention or treatment afforded to me by CSJA and/or CMAA, its officers, agents, representatives, servants, employees, volunteers, and all other related members will be of first aid type only, and I hereby release CSJA and CMAA, its officers, agents, representatives, servants, employees, volunteers, and all other related members from any liability for such aid.

I agree that my performance, attendance, and participation at any classes and/or programs may be filmed or otherwise recorded or telecast live. I consent to the use by CSJA of my name, likeness, voice, poses, pictures, and biographical data concerning fully or in parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical motion pictures, or any other medium by devices now known or hereafter devised, and I do hereby waive any compensation in regard thereof as well as any future rights to the aforementioned.

I have read and fully understand the waiver listed above. The acknowledgements, assumptions of risk, and waivers detailed above also include the New York Shuai Jiao Association, Lily Lau Eagle Claw Federation and Li's Martial Arts Academy, whenever CSJA and/or CMAA classes and/or programs are conducted at their venue(s). I also understand that all fees paid are nonrefundable.

Parent or legal guardian signature is required if participant is under eighteen (18) years of age.

Print Name of Participant _____ M/F _____ Date of Birth ___/___/____

Street _____ Apt. # ___ City _____ State ___ Zip _____

E-mail _____ Cell/Mobile Phone _____ Home Phone _____

PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN (If participant is under 18 years of age)

DATE

If Applicable:

Current Training _____ Coach/Instructor's name _____

Employer _____ Job _____ Work Phone _____