

**HVMA Participation Agreement**  
**Liability Release and Risk Assumption**

1. **Understanding Affirmed:** The undersigned affirms and acknowledges each and all of the following matters to be true and correct:
  - A. The undersigned is at least eighteen (18) years old or is **represented by a parent and/or legal guardian** and desires to participate in , Martial Arts Training (herein referred to as MAT) which will be conducted by The Greater You, Inc. DBA Heber Valley Martial Arts (herein referred to as HVMA).
  - B. The undersigned has no mental, physical or other health-related reasons, nor any history thereof, which would preclude or restrict participation in MAT.
  - C. The undersigned assumes all responsibility to assess the hazards and appropriateness before engaging in any MAT.
  - D. The undersigned participation in MAT is not requested or required by HVMA but is entirely elective and voluntary on the part of the undersigned. Neither has HVMA nor anyone on the HVMA's behalf made any representations to the undersigned as to the safety of MAT or as to the undersigned's ability to safely execute MAT training.
  
2. **Assumption of All Risks:** In consideration for acceptance as a participant in MAT, the undersigned hereby personally assumes all risks to the undersigned in connection with such coaching, including any and all risks of injury, death, harm, or damage of every kind or description that may befall the undersigned while participating therein, regardless of whether such risks are known or unknown, foreseen or unforeseen, disclosed or undisclosed. The undersigned is solely responsible for personal well-being and for all actions taken as a result of MAT. HVMA has made no representations, statements, or warranty in relation to MAT or services provided by HVMA.
  
3. **Liability Release:** The undersigned completely and unconditionally waives, releases, and forever discharges each and all of the following named entities, persons, and parties (herein collectively referenced as the Releasees) from all claims of liability for each and every injury, harm, damage, and loss of every kind or description (including death) to the undersigned's person or property, directly or indirectly occurring in connection with, resulting from, or arising out of the undersigned's participation in MAT with HVMA, whether caused by negligence or mistake of any of the Releasees, or otherwise:
  - A. The Greater You, Inc, HVMA, its affiliates, officers, employees, agents, and representatives on its behalf.

The undersigned does further agree to defend, hold harmless, indemnify and release, and forever discharge the Releasees from and against any and all claims, demand, and actions or causes of action on account of damage to or related to the undersigned's participation in MAT and other HVMA services.

4. **Additional Understandings:** The undersigned has read the foregoing Agreement in its entirety and understands the same. The undersigned has signed this document freely and voluntarily, without any inducement, assurance or guarantee. The undersigned accepts and approves the same by completing this form and signing herein. This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of the Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

The undersigned certifies this release and all provisions contained herein are legally binding upon the undersigned, the undersigned's heirs, successors, executors, assigns and the undersigned's personal representatives and will apply to all claims or causes of action which may result from the undersigned's participation in the MAT and other HVMA services, and which result from causes whether within or beyond the control of HVMA, except such occasioned by the willful or wanton negligence or misconduct of HVMA.

**\*\*THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.\*\***

Client Name (Please Print) \_\_\_\_\_

Signature of Client

\_\_\_\_\_ Date: \_\_\_\_\_

Legally responsible parent or guardian (If required)

Printed Name \_\_\_\_\_

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

Signature of Witness:

\_\_\_\_\_ Date: \_\_\_\_\_

CONTACT INFORMATION

Telephone: \_\_\_\_\_ Do you text? Y/N Email \_\_\_\_\_