

**Acosta Jiu-jitsu**  
**WAIVER AND RELEASE OF LIABILITY**

I acknowledge that training and participating in Brazilian Jiu-jitsu or activities have potential risks of serious bodily injury, death, or property damage. With full understanding of the risks I am taking, I HEREBY ACCEPT ALL THE RISKS OF participating in training, such activities and events. Any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability or without fault. I hereby attest that I am in good general health to take part in physical activity and have not been advised against participating by a qualified medical professional. I certify that there are no health related reasons or problems which preclude my participation in this activity. I accept for myself, my heirs, and my personal representatives full responsibility for personal bodily injury, death, or property losses that may occur as a result of my being a part of this program or engaging in training sessions, or competition of any kind. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I hereby indemnify and save and hold harmless any coaches or instructors from Acosta Jiu-jitsu, its officers, directors, administrators, employees, consultants, agents, or sponsors from claims, costs or liabilities for personal injury, illness, death or damages of any kind which I may have now, or receive at any time in the future, resulting from participation in this or any competition other program. I AFFIRM THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY ACCEPTING THE TERMS OF THIS DOCUMENT I AM WAIVING SIGNIFICANT LEGAL RIGHTS AND AM INCURRING SIGNIFICANT LEGAL LIABILITIES. I HAVE BEEN SPECIFICALLY ADVISED TO CONSULT WITH AN ATTORNEY IF I DO NOT UNDERSTAND ANY PORTION OF THIS RELEASE AND AGREEMENT.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organisers and assigns YES \_\_\_\_ NO \_\_\_\_

**Name:**

**Date of birth:**

**Contact number (Whatsapp):**

**Signature:**

**Date:**