



PARTICIPANT RELEASE OF LIABILITY ASSUMPTION OF RISK AGREEMENT

****READ BEFORE SIGNING****

Organisation Name: Guts over fear Muay Thai & GamefightBJJ Wakefield.

Organisation Address:

In consideration of being allowed to participate in the classes, related events, use of equipment & gym, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved at our organisation is significant, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation in any and all activities
3. I willingly agree to comply with terms and conditions for participation, If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention of the nearest official or representative immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS BOTH GUTS OVER FEAR MUAY THAI & GAMEFIGHTBJJ WAKEFIELD** its officers, officials agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES) from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, **WETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law

Health Statement

I will notify Guts over fear/GamefightBJJWakefield ownership or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation

Media Statement

By signing below, I hereby grant and convey to Guts over fear muay Thai & GamefightBJJWakefield all right, title and interest in and to record my name, image, voice, or statements including any and all photographic images and video or audio recordings made by Guts over fear muay Thai and GamefightBJJWakefield.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT< FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Participant Name	Participant Signature (if over 18 years old)	Date
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Signature of parent/ legal guardian, individually and in the capacity as parent/ legal guardian is required if the participant is under 18 years of age.

Parent/legal guardian Name	Parent/ Legal guardian Signature	Date
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**Physical Activity Readiness
Questionnaire (PAR Q)**



Name _____ DoB _____ Address: _____
 _____ Email _____ Phone _____

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change you physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating YES or NO

What are your main reasons for starting a fitness programme?	Yes	No
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		
Do you lose balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Do you know of any other reason why you should not take part in physical activity?		
If YES, please comment:		

If you answered YES to one or more questions: You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health

If you answered NO to one or more questions: It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Participant Name	Participant Signature (if over 18 years old)	Date
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Signature of parent/ legal guardian, individually and in the capacity as parent/ legal guardian is required if the participant is under 18 years of age.

Parent/legal guardian Name	Parent/ Legal guardian Signature	Date
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Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise

Signature _____ Date _____

Note: This PAR Q becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.