

Systema Japan Seminar / Training
Liability Waiver Consent Form

Your personal information will not be shared or used for any other purpose than that of seminars or training related matters by Systema Japan LLC (hereinafter referred to as "Systema Japan").

1. Family Name: (PLEASE PRINT) _____

2. Name/s: (PLEASE PRINT) _____

3. DOB: Year: 19____ Month:____ Day:____ (____years old)

4. Blood Type: _____

5. Address: _____

6. Telephone: _____ - _____ - _____

7. Mobile Phone: _____ - _____ - _____

8. E-Mail: _____

9. Emergency Contact: _____

10. Signature of parental consent if under 21 years of age

Family Name: (PLEASE PRINT) _____

Name/s: (PLEASE PRINT) _____

Signature: _____

11. Have you had epilepsy or been diagnosed with other brain diseases or heart diseases?

Please circle one of the following: Yes/ No.

If yes, please specify name of illness / medical problem/s: _____

12. Have you been advised by a doctor to refrain from physical activity due to an old illness or injury or present injury or medical problems for which you are currently seeing a doctor?

Please circle one of the following: Yes/ No.

If yes, please provide details of restrictions regarding physical activity:

13. **If you have been advised by a doctor to refrain from physical activity or are in doubt about your physical or mental condition or physical strength to undertake physical activity, please consult a qualified medical practitioner and obtain their clearance before you take part in any seminars, regular classes or other training conducted by Systema Japan (hereinafter collectively referred to as "Systema Japan Training").**

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14. **If you have decided to take part in Systema Japan Training without submitting to Systema Japan a written clearance from a doctor that allows you to perform physical activity, you (or, in cases of a minor, the parent who signed this consent form) are deemed to assume full responsibility for such a decision. None of Systema Japan, instructors, Systema Japan Students or any other person taking part in Systema Japan Training is in any way responsible for any injury you may incur during Systema Japan Training or worsening of pre-existing conditions due to your participation in Systema Japan Training.**
15. As a condition of being admitted to Systema Japan Training, either as participant, spectator or other function connected with Systema Japan Training, you are required to read terms specified in this consent form carefully and sign at the bottom of this page. Once you sign this consent form, it will be considered as your consent to the following items regarding any Systema Japan Training you participate in:
- (i) I confirm that I am signing up for martial arts training which involves active exercises and physical contacts.
 - (ii) I understand constant risks of injuries that are inherent in martial arts training.
 - (iii) With respect to any problems, injuries, disabling injuries or fatal accidents associated with Systema Japan Training (hereinafter collectively referred to as "Accidents"), I assume full responsibility for them and will not accuse Systema Japan, instructors, Systema Japan Students or any other person taking part in Systema Japan Training of responsibility for any Accidents.
 - (iv) I hold Systema Japan, instructors, Systema Japan Students, and agents or persons otherwise connected with Systema Japan Training harmless from any and all liability (including legal fees and costs) for all claims, actions or damages due to injuries, losses or damage suffered by me or caused to a third party by me during the course of any Systema Japan Training, or arising out of the activities occurring at any place where Systema Japan Training is being conducted.
 - (v) With regard to Accidents, I agree that 1) support Systema Japan provides will be limited to assistance with filing an insurance claim for Sports Safety Insurance provided by the Sports Safety Association of Japan and that 2) no monetary compensation, except for payments from the Sports Safety Association of Japan, will be provided.
 - (vi) I understand that I may be photographed, filmed or otherwise recorded during Systema Japan Training and consent with no limitation to the use of my image by Systema Japan including, but not limited to, publication for commercial purposes.
 - (vii) I understand that photographing, filming or recording of Systema Japan Training or participants thereof is prohibited without prior permissions from Systema Japan and other parties associated with such photographs or recorded image.
 - (viii) When taking part in Systema Japan Training, I respect manners, common knowledge, and safety precautions required for martial arts training and follow instructions of instructors including, but not limited to, discontinuation of training.

I certify that I have read, understand and agree to all of the conditions stated in this Liability Waiver Consent Form.

Signature: _____

Date: _____ **Year** _____ **Month** _____ **Day** _____