Member Liability Waiver and Assumption of Risk

The standard waiver for enrolled adult members who train at your academy.

Important notice: This is a free sample safety document. It is a starting point, not a finished policy, and it is not a legal document or legal advice. Laws differ by location. Have a qualified attorney review and adapt it for your academy before use. Academy Safe is not responsible for errors or missing information in this document, or for how it is used. In an emergency, call 911.

Academy name: _____

Academy address: _____

Effective date: _____

Last reviewed: _____

Important: Waiver laws differ a great deal by state and province. Some places limit waivers or do not enforce them, especially waivers signed for minors. This sample must be reviewed and adapted by your own attorney before use.

Member name: _____

Date of birth: _____

Phone: _____

Email: _____

Assumption of Risk

- Martial arts training involves physical contact, falls, throws, strikes, joint locks, and chokes.
- Injuries can include bruises, sprains, broken bones, concussions, skin infections, and in rare cases serious or permanent injury.
- Risk can come from my own actions, other participants, equipment, or the facility.

Member Agreement

- I will follow the Adult Student Code of Conduct and the academy's safety rules.
- I will tell staff about injuries and health conditions that may affect training.
- I will train at a safe intensity and respect my partners.
- I understand I may stop or decline any activity at any time.

Release

To the extent allowed by law, I release [Academy name], its owners, instructors, staff, and volunteers from claims for injury or loss arising from my training, except as caused by gross negligence or intentional misconduct. This waiver remains in effect for the length of my membership. [Attorney to adapt to local law.]

Medical Care

I authorize the academy to call emergency services and give first aid if needed.

Emergency contact name: _____

Emergency contact phone: _____

Signatures

Member name: _____

Signature: _____

Date: _____

Notice

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