

verifier\_\_\_\_\_

**RELEASE OF LIABILITY AND TRAINING AGREEMENT**

I, the undersigned, understand and acknowledge that the program that I am about to attend and participate in is being presented by the The Wandering Swordsmen LLC, which shall herein be known as TWS. The officers and agents of TWS shall herein be known as Hosts, including the following organizations: \_\_\_\_\_

IN. \_\_\_\_\_

I, the undersigned, understand that participation in the events and practice sessions of TWS includes possible strenuous physical encounters between myself and other training partners or officers that could lead to serious physical discomfort, and, or, permanent impairment.

IN. \_\_\_\_\_

By signing this release form, I give my full consent to such contact and physical activities that may cause me physical harm or death. I hereby acknowledge that I fully realize that during the training I will always at all times have the option of withdrawing from participation in any exercise or combat, and that it is my personal responsibility to decide which exercises and combats that I will participate in. I hereby also represent that I am physically and emotionally fit to engage in these combat activities. I also acknowledge that the officers and agents of TWS are under no obligation to require me to prove my degree of health and fitness. I further acknowledge that by entering into training, that at any time during the training I may be exposed to a risk of personal injury or death arising out of negligence, unavoidable accident, or otherwise, due to the very nature of the combat activities.

IN. \_\_\_\_\_

I understand that TWS, the officers, nor their agents, warranty the fighting field to be free from debris or defects.

IN. \_\_\_\_\_

By signing this agreement and as part of the consideration for participating in attending the combat or training, it is my stated intention to knowingly assume all risks involved in participating in or attending these events and trainings, and to release TWS and their officers and agents from any responsibilities or liability for any injury, physical or emotional, that I may sustain while participating in or attending the training. I fully understand and agree that the Hosts and their agents will not be held liable for any injuries, damages, or death caused by or resulting from negligence of the Hosts, which is caused in whole or in part by any of my acts, including negligent acts.

IN. \_\_\_\_\_

I agree for myself and successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this Agreement, I or my successors shall be liable for the expense (including but not limited to, legal fees) incurred by the other party or parties. No officer or agent has the authority to modify this agreement orally. A waiver of any provisions of this Agreement shall not be construed as a modification of any other provision, or as consent to any other subsequent waiver of modification.

IN. \_\_\_\_\_

I have fully read, understand, and agree to everything stated in this release form.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(If the applicant is under 18 years of age the Waiver must have the Legal Guardian's signature)**

Applicant's Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Add your email if you want to receive updates about weekly practices and events- ashevillemc@googlegroups.com)

Emergency Contact Name/Legal Guardian: \_\_\_\_\_

**(If the applicant is under 18 years of age the Waiver must have the signature of the Legal Guardian above)**

Emergency Contact Phone #: \_\_\_\_\_

Pre-existing Medical Conditions: \_\_\_\_\_