

CORNERSTONE UNLIMITED MARTIAL ARTS GUEST WAIVER

**A WAIVER IS REQUIRED FOR EACH INDIVIDUAL GUEST.
Signature required on front and back.**

WAIVER & RELEASE OF LIABILITY, ASSUMPTION OF RISK, PARENTAL CONSENT (AS APPLICABLE) & INDEMNITY AGREEMENT

I understand the nature of Martial Arts activities and acknowledge my/the minor's experience and capabilities and believe I/the minor am/is qualified to participate in such Activity. I further acknowledge that I am aware that Activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I/or the minor will immediately discontinue further participation in the Activity.

I/THE MINOR FULLY UNDERSTAND that: (a) Martial Arts Activities involve risks and dangers of serious bodily injury ("Risks"); (b) these Risks and dangers may be caused by my own action, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or the NEGLIGENCE of the "releases" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I/THE MINOR fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my participation in the Activity or from use of knowledge gained from this training. I/THE MINOR hereby release, discharge, covenant not to use, and agree to hold harmless Cornerstone Unlimited Martial Arts, Snellville Christian Church, or other facility where the Activity may take place and/or proprietorship of said facility, Cathrine M. Brown, all other instructors, volunteers, spectators and/or students (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Release" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my/the minor's or anyone on my/the minor's behalf makes a claim against any of the Releases named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or cost that may incur as the result of any such claim. I have read this agreement, fully understand it terms, understand that I/the minor have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid, that the balance, notwithstanding, shall continue in full force and effect.

Guest First & Last Name:	Guest Date of Birth:	Today's Date:
FOR GUESTS UNDER AGE 18	Print Parent/Guardian Name:	Parent/Guardian Signature:
FOR GUESTS 18+	Guest Signature:	
CONTACT INFO	Email Address:	Mobile Phone:

**PLEASE READ AND SIGN THE ILLNESS POLICY INFO ON THE BACK
Guests will not be allowed into class without a signature
on the front and back of the form.**

ILLNESS POLICIES

These policies will be strictly enforced.

GENERAL POLICIES

- If a guest did not attend school or work due to illness on the day of a planned visit, they should not visit that day.
- Guests who have been ill with a respiratory illness may come to class if symptoms have improved **AND** there has been no fever (without the use of medication) for 24 hours.
- Guests showing any signs of illness, including symptoms of COVID-19, conjunctivitis (pink eye), any serious skin rash, or any other symptom that poses a safety issue for the guest or for others should not come to class.
- We reserve the right to deny entry to or remove a guest from class if they are showing any symptoms that pose a risk to themselves or others. This includes, but is not limited to, severe cough that can't be controlled with a water break, obvious rash, more than incidental sneezing, or obvious intestinal distress.

Parent/Guardian Signature:		Date:
Adult Student Signature:		Date: