



Waiver Form

In consideration of being allowed to enter the play area and/or participate in any party and/or program at Omei Wushu (Kungfu) Center in Fairfax, VA or Chantilly, VA the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Omei Wushu (Kungfu) Center. In addition, if I observe any hazard during our participation, I will bring it to the attention of Omei Wushu (Kungfu) Center and Eastern Intrepid Resources, LLC, employee or official immediately;

I am aware that there are inherent risks associated with participation in Omei Wushu (Kungfu) Center and Eastern Intrepid Resources, LLC, programs, parties, and/or use of the play area and martial arts equipment and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants; and,

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Omei Wushu (Kungfu) Center and Eastern Intrepid Resources, LLC, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Omei Wushu (Kungfu) Center and Eastern Intrepid Resources, LLC, programs, activities, parties, the use of the play area and/or martial arts equipment.

Participant Name

Participants Date of Birth

Participant Name

Participants Date of Birth

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Address

City, State, Zip

Emergency Contact Number

Email (optional)