

RELEASE FORM

Dates: August 10-12, 2012 Project (the "Activities") Fight and Flight Workshop

Fight and Flight Workshop Instructors:

I have asked you to instruct me in the art of combat for theatrical purpose (the "Activities"). I recognize that the Activities are inherently dangerous and that I can sustain injury in learning, practicing, and performing any of them.

To induce you to provide me with this instruction, and in consideration thereof, I agree that you will incur no liability to me and that I will have no claim against you, your heirs, your employer(s), or The Society of American Fight Directors arising out of or in connection with any act, omission, circumstance or other occurrence in, involving or relating to any of the Activities or my learning, practicing, or performing any of them.

If I assert a claim against you and you prevail, I will pay your expenses in defending that claim, including reasonable attorney's fees.

--Due to the **Dangerous** nature of this study:

I agree that you have the option to dismiss or remove any participant/attendant from the class or course for the blatant disrespect for his/her partner and/or weapon and/or any of the criteria listed in the syllabus. I also understand that there are rare, unforeseen instances of weapon breakage and that you are not responsible for accident or injury caused directly or indirectly during the use of these weapons.

--Due to the **Physical** nature of this study:

- A) I am willing to be physically adjusted by you to correct form and practice in order to promote safety and proper technique.
- B) I am willing to be in close physical contact with other participants and/or you during practice and demonstration.
- C) I understand that it is MY responsibility to notify the instructor or classmates if I feel uneasy or uncomfortable with any physical activity. If I do not make that discomfort known, I know it will be assumed that I am comfortable with the physical environment.

This agreement will be binding upon my heirs, administrators, executors, successors and assigns.

Yours very truly,

_____ Name of Participant (PLEASE PRINT)

_____ Participant Signature

_____ Signature of Parent/Guardian if Participant is under 18 years of age

MEDICAL HISTORY

Participant's Full Name _____

Please read carefully and list the following:

Injury	Date of Injury	Treatment	Place of Treatment
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Please list any allergies, including medications:

Please list any chronic physical conditions: i.e. asthma, epilepsy, scoliosis, hypertension, diabetes, tendonitis.....

The above information is true, to the best of my knowledge.

Student's/Actor's/Participant's Signature _____

Date _____

Parent/Guardian Signature if under 18 years of age _____