IE LAB MARTIAL ARTS & FITNESS CENTER

26 CREAMERY LANE • EASTON, MD 21601 • WWW.THELABEASTON.COM

Waiver and Photo Release

The Lab Martial Arts and Fitness Center LLC ("THE LAB") provides martial arts and fitness programs, including programs based on grappling (*e.g.*, Jiu Jitsu, Wrestling, Judo, etc.) and striking (*e.g.*, Karate, Boxing, Kickboxing, etc.) martial arts, as well as other fitness programs, including yoga, cardio conditioning, and similar activities. You should be aware that practice of any martial art or other physical exercise involves risks, including risk of serious injury, aggravation of existing medical conditions or death. You are encouraged to consult with a physician prior to beginning any martial arts or fitness program.

<u>Waiver</u>

I AM AWARE THAT THE MARTIAL ARTS INSTRUCTIONS AND OTHER FITNESS ACTIVITIES PROVIDED BY THE LAB ARE HAZARDOUS ACTIVITIES AND I AM VOLUNTARILY PARTICIPATING/GIVING MY CHILD PERMISSION TO PARTICIPATE IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY.

For my and/or my child's participation in activities to be conducted by THE LAB, I acknowledge that I have a complete understanding of the potential risks associated with this activity, including injury and death, and I voluntarily agree to assume such risk. I hereby release, discharge, indemnify, and agree to hold THE LAB, its officers, agents, employees, members, students and volunteers harmless from and against all liability, claims, actions, suits, damages, loss, or injuries of any kind, nature or description including without limitation for personal injuries and or death, medical expenses, and economic damages arising or claimed as a result of an act or omission related to the program(s) offered by THE LAB or any affiliated program.

Photo Release

For my and/or my child's participation in activities to be conducted by THE LAB, I hereby give my permission, to THE LAB to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my child of my experience at THE LAB, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions.

| Name of Student(s) | | Address | City | State Zip |
|-------------------------------------------------------------|--------------------|--------------------------|--------------------------|-------------------------|
| Home Phone Number | Mobile | Email | | |
| For the consideration contain | ned herein, I here | eby consent to the foreg | oing Waiver and Photo Re | lease |
| | | | | |
| Signature of adult student | | Date | | |
| | | and/or | | |
| I am the Mother/Father/Leg herein, I hereby consent to t | | ver and Photo Release o | | consideration contained |
| | | | _ | |

Date

Signature of Mother/Father/Legal Guardian