

CERTIFICATE OF UNDERSTANDING AND ASSUMPTION OF RISK AGREEMENT



In this agreement, the following terms shall apply:

Instructors: David Kirillov, Val Riazanov or any other person authorised by them to conduct the training, or to assist in training.

Released Parties: Instructors and / or their representatives, all the other participants of the Training, including students, training partners, training event organisers in United Kingdom or abroad, suppliers of the training equipment and training premises.

Training: participation in any martial arts training that the Participant chooses to take or has already taken with the Released Parties, including regularly scheduled classes, private training sessions, and / or seminars.

I, _____, (the Participant) request to participate in the Training as it is provided by the Instructors.

I understand and acknowledge that this Training will expose me to strenuous and potentially dangerous physical activity that could result in serious injury or death and I still choose to participate in Training and to accept this risk.

I hereby agree:

- That I have a responsibility to truthfully and fully inform the Instructors of my medical history and any counter-indication to participating in any Training,
- To pause or stop training, and to inform the Instructors if I feel overexerted, anxious, tired or injured, or if I do not feel comfortable engaging in any particular exercise suggested by the Instructors.
- To always take all reasonable care for my own safety *and* safety and well-being of my training partners and Instructors,
- To act with respect and courtesy towards other participants, Instructors, and other Released Parties,
- To return all equipment used during Training to the Instructors in its original condition, and to repair or replace at my own expense any damaged equipment, including any damage to the premises where the training takes place,
- To never abuse or misuse any skills learnt during my training
- That participation in Training does not guarantee my safety in a confrontation.
- To allow photo and video recording of myself participating in Training, and to further allow this recording to be used by the Instructors.
- To occasionally be contacted by the Instructors or their representatives via email or telephone, and for the Instructors or their representatives to retain my contact details.

In consideration of being allowed to participate in this Training, I hereby personally assume all risks of this Training, whether foreseen or unforeseen, that may befall me while I am a participating in Training.

I further release, exempt and hold harmless said Instructors and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrolment and participation in this Training including both claims arising during this seminar or during any other Training.

I further state that I am of lawful age and legally competent to sign this Certificate.

Signature of Participant

Date dd/mmm/yy

phone: _____

email: _____

emergency contact details: _____