



HIBISCUS BRAZILIAN JIU-JITSU

527 High Mountain Road
North Haledon, NJ 07508
(973) 304-4700

STUDENT RELEASE FORM

RELEASE OF LIABILITY AND ASSUMPTION OF RISK - COVID-19

Email: info@Hibiscusbjj.com

Website: www.Hibiscusbjj.com

I hereby represent the personal information contained herein is true and correct, and that it is hereby understood and agreed that in consideration of membership in the training center owned or operated by Hibiscus Brazilian Jiu-jitsu, neither Hibiscus Brazilian Jiu-jitsu or its instructors, agents or servants shall in any way be liable to the student, his or hers heirs, executors or administrators for any injury to person or damage to property or redress in any form for any injuries, fatal or otherwise, caused to or sustained by the student because of accident, negligence or cause whatsoever. We recommend consulting your physician before attending your first class.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK - COVID-19

In consideration of being permitted to participate in any way (including observing classes) in Jiu-jitsu, self-defense, and other related activities conducted by Hibiscus Brazilian Jiu-jitsu.

I hereby:

1. Confirm that I have not being diagnosed with SARS-CoV-2 (the virus that causes COVID-19 a.k.a Coronavirus), but if so that the recommended self-quarantine period has expired.
2. Confirm that I have not been advised or directed by a medical office, medical professional or government authority to self-quarantine or isolate myself from persons outside of my household, and if so, that any self-quarantine period has expired.
3. Confirm that no person in my household has been diagnosed or exhibited symptoms of COVID-19 within the last 14 days.
4. Confirm that, to the best of my knowledge, I have not been exposed to any person who has contracted COVID-19 within the last 14 days.
5. Understand that participation in Jiu-jitsu, self-defense and other related activities involves close and direct contact with other persons.

I AM AWARE AND UNDERSTAND THAT MY PARTICIPATION IN JIU-JITSU, SEL-DEFENSE, AND OTHER RELATED ACTIVITIES INVOLVES THE RISK OF EXPOSURE TO COVID-19, WHICH MAY RESULT IN SERIOUS ILLNESS AND/OR DEATH, AND SIGNIFICANT MONETARY LOSSES. I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF ILLNESS, DEATH OR MONETARY LOSSES.

I hereby, release, waive, discharge and covenant not to sue Hibiscus Brazilian Jiu-jitsu, together with their respective administrators, directors, owners, agents, coaches, members and other employees or volunteers of the organization, and if applicable, owners, lessors and lessees of premises used to conduct Jiu-jitsu, self-defense and other related activities, all of whom are hereinafter referred as "releasee", from any and all claims, demands, losses, or damages on account of illness, injury, including permanent disability and death, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHT BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY I AGREE TO PARTICIPATE KNOWING THE RISK AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

TYPE OF STUDENT: ___ ADULT ___ MINOR (S)

STUDENT'S NAME

First Name _____ **Last Name** _____ **DOB** _____

Phone Number _____

Address _____ **City** _____ **State** _____ **Zip/Postal** _____

EMERGENCY CONTACT _____ **Phone Number** _____

SIGNATURE _____



MINOR (S)

1. Minor's Name: _____
2. Minor's Name: _____
3. Minor's Name: _____
4. Minor's Name: _____
5. Minor's Name: _____
6. Minor's Name: _____