

Vincent Kasaba and Systema Grand Rapids  
6747 Old 28th St SE  
Grand Rapids, MI 49546  
(734)747-1213

## ACTIVITY RELEASE FORM

Read Carefully Before Signing

### ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM

Participant Name: \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Parent/Guardian Phone Number(s): \_\_\_\_\_

Address (including city, state and zip code): \_\_\_\_\_

## RELEASE/DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Vincent Kasaba and Systema Grand Rapids, individually or otherwise, harmless of any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is any way connected with my presence on the premises, or my participation in events or activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Vincent Kasaba and Systema Grand Rapids does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Vincent Kasaba and Systema Grand Rapids premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Vincent Kasaba and Systema Grand Rapids.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_