

FINAL OPTION
**RELEASE OF CLAIMS FOR
ACCIDENTAL INJURY OR DEATH**

The undersigned, having enrolled in a course of instruction in karate and the Martial Arts. At the Final Option Self Defense Studio, Plymouth, Wisconsin, hereby certifies that I am fully aware of the inherent dangers of Karate and the Martial Art, as explained to me by Richard J. Heller, proprietor of the Final Option Self Defense Studio.

I understand and agree that neither Richard J. Heller as proprietor and instructor, nor any other instructor. Employed by Richard J. Heller may be held liable in any way for any occurrence in connection with any course of instruction in Karate. And the Martial Arts which may result in injury, death, or other Damages to me or my family, heirs or assigns.

In consideration of my being permitted to enroll in this course, I hereby personally assume all risks in connection with the course. I further release Richard J. Heller, The Final Option Self Defense Studio, and its agents, instructors and operators, for any injury or damage which may befall me while I am enrolled in such course of instruction. Including all risks connected therewith, whether foreseen: or unforeseen and agree further to save and hold harmless the said Richard J. Heller. The Final Option Self Defense Studio, and its agents, operators, and instructors from any claim to be me, or my family, estate, heirs or assigns arising out of my enrollment and participation in this course.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand that the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act.

I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I assume my own responsibility for physical fitness and capability to perform under normal responsibility. Of instruction in Karate and the Martial Arts.

In WITNESS WHEREOF, I have executed this affirmation and release
This day of ____/____/____ E-MAIL _____

Physician to be notified if injury

Signature

Witness

Please Print Name of Student

Address

Phone

City

Zip

Cell Phone

Date of Birth, Month _____ Day _____ Year _____