Mamba Liability Waiver & Participant Agreement

Participant Name: _____
DOB: _____
Phone: _____
Email: _____
Emergency Contact: _____ Phone: _____

For minors:
Parent/Guardian Name: _____
Relationship: _____ Phone: _____

1. Assumption of Risk

I understand that participation in martial arts, jiu-jitsu, fitness training, open mat, sparring, grappling, drilling, conditioning, self-defense training, strength training, and related activities involves inherent risks, including but not limited to: sprains, strains, bruises, cuts, joint injuries, broken bones, concussions, neck/back injuries, choking-related risks, skin infections, illness, emotional distress, disability, or death.

I voluntarily choose to participate, or allow my minor child to participate, with full knowledge of these risks.

2. Release of Liability

To the fullest extent allowed by Washington law, I release and hold harmless **OlympusCloudZero, LLC DBA Mamba Jiu Jitsu**, its owners, coaches, instructors, employees, contractors, volunteers, members, landlords, facility owners, and agents from claims arising out of participation in activities, use of equipment, use of the premises, or instruction, including claims based on ordinary negligence.

This release does **not** apply to claims that cannot legally be waived, including gross negligence, reckless conduct, or intentional misconduct.

3. Minor Participant Acknowledgment

For minor students, I understand that I am signing as the parent or legal guardian. I acknowledge the risks of participation and give permission for my child to participate.

I also understand that Washington law may limit the enforceability of a parent's pre-injury waiver of a minor child's own legal claims.

4. Medical Fitness & Disclosure

I certify that I, or my minor child, am physically able to participate. I agree to disclose any medical condition, injury, allergy, medication, disability, or limitation that may affect safe participation.

Medical conditions/injuries/allergies:

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5. Medical Treatment Authorization

In the event of injury or emergency, I authorize staff to seek emergency medical care. I understand that I am responsible for any medical costs incurred.

6. Rules, Conduct & Safety

I agree to follow all facility rules, instructor directions, hygiene requirements, safety instructions, and conduct standards. I understand that unsafe, reckless, aggressive, intoxicated, or inappropriate behavior may result in removal from class or termination of membership.

7. Communicable Disease / Skin Infection Policy

I agree not to participate while experiencing symptoms of contagious illness or skin infection, including ringworm, staph, MRSA, impetigo, flu-like symptoms, fever, or other contagious conditions.

8. Photo / Video Release

☐ I consent to photos/videos being used for marketing, social media, website, and promotional purposes.
☐ I do **not** consent to photo/video use.

9. Property Loss

I understand that the facility is not responsible for lost, stolen, or damaged personal property.

10. Agreement

I have read this agreement carefully. I understand that I am giving up certain legal rights. I sign voluntarily.

Adult Participant Signature: _____ Date: _____

For minors:

Parent/Guardian Signature: _____ Date: _____

Minor Participant Name: _____ Date: _____