



# Homann Karate Dō

## Tradition of Champions

1245 E. North St.  
Crown Point, Indiana  
(219) 661-0085

Please fill out all information **legibly**.

### WAIVER AND RELEASE OF LIABILITY AGREEMENT

I, \_\_\_\_\_ (as an enrolled student) and

I, \_\_\_\_\_ (as parent or guardian, if student is a minor)

For myself and my heirs do hereby fully and forever release, discharge, and agree to hold harmless HOMANN KARATE DO and its instructor, Brett Homann and other instructors and his successors and assigns, the owners and lessees of the premise on which sanctioned by HOMANN KARATE DO, of and from all liability, loss, claims, and other expenses arising from any lawsuit that may otherwise accrue from all known and unknown losses, damages, or injuries (including death) to my person or property in any way resulting from, or arising in connection with, or relating to, any HOMANN KARATE DO event, and whether arising when engaged in competition or in practice or in preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever, including without limitations the negligence of other persons. I know the risk and danger to myself and property while upon said premises or while participating or assisting in a sanctioned event, and I do so voluntarily and reliance, not upon the property, equipment, facilities, and existing conditions furnished by others, but upon my own judgment and ability, and I thereby assume all risks for loss damage or injury (including death) to myself and my property from any cause whatsoever and whether or not attributable to the negligence of others.

#### Disclaimer/Waiver of Liability – Novel/Corona/Covid 19

Participant knows and assumes personal risk of coming in to contact directly or indirectly with individuals who have been exposed to and/or diagnosed with one or more communicable diseases including but not limited to Covid -19 and any of its mutations or other medical conditions and/or diseases. It is impossible for Homann Karate Do and its entities to completely eliminate the risk that participant can become exposed or infected through contact with or within proximity to any individual with a communicable disease. Participant will render Homann Karate Do harmless to any and all claims with respect to any and all personal injury/illness/death regardless of negligence or otherwise.

Student Name \_\_\_\_\_

Please Print

Signature

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Please Print

Signature

Required if student is a minor.

By law, I give my full consent that I am the legal guardian.

Date of Signature(s) \_\_\_\_\_