



Bee-Safe Manchester CIC

Acknowledgement and Assumption of Risks

I/my child, _____, born DD/ MM / YYYY am/is completing this assumption of risk form in relation to my wishes to participate within a training session provided by Bee-Safe Manchester CIC and any of Bee-Safe Manchester registered instructors, coaches or staff.

I confirm that I understand in full that any activity in which I/they participate will carry inherent risks associated with any practice within martial arts or self defence. Furthermore, I understand that the risk of serious injury is present and I have been briefed on the relevant safety rules and regulations in place to help protect me/them and my/their fellow students during training.

I confirm that I understand the nature of the activity in which I/they am/are about to participate, and appreciate that any practice of self defence or martial art usually includes a degree of martial arts based fitness training. With this in mind, I can agree that I/they am/are fit to participate and agree to assume all risks associated with the above, hereby withdrawing any liability from the named club, instructors, association or other relevant parties.

Should I be unclear on any risks involved, or not feel comfortable releasing the above named from all positions of liability, I will not sign this document. Please take my signature as my acceptance and assumption of all risks involved, as described to me by the instructor and stated within this document.

PRINT NAME (Parent)

SIGNATURE

DATE

INSTRUCTORS SIGNATURE

THE CLUB SHOULD RETAIN THIS DOCUMENT FOR FUTURE REFERENCE.

If the named wishes to obtain a copy, the instructor must make this available within 21 days without charge.