



11210 W. HWY 290 | A200 | AUSTIN | TEXAS | 78737
(512) 956-0898 | Info@JJMachadoAustin.com | www.JJMachadoAustin.com

AGREEMENT AND RELEASE FROM LIABILITY VOLUNTARY PARTICIPATION

I _____ minor's name: _____
, acknowledge that I have voluntarily agreed to engage and otherwise participate in TODD WHITE JIU JITSU, LLC practice/training at the TODD WHITE JIU JITSU, LLC ACADEMY LOCATED AT 11210 W. HWY 290, SUITE A200, AUSTIN, TEXAS 78737.

I understand that this type of sport/training/practice is inherently dangerous, regardless of the level of supervision. Injuries may occur due to physical situations including a slippery floor surface, an overzealous partner, or a combination of any number of circumstances. It is clear to me that my voluntary participation in this activity will expose me to risk of injury of any kind, and that any amount of time spent engaging in this activity only makes it more likely that, as in any sport, injury may , and is even likely to occur at some time.

I AM AWARE THE ACTIVITIES MENTIONED IN PARAGRAPHS ONE AND TWO OF THIS AGREEMENT CONSTITUTE A POTENTIALLY DANGEROUS ACTIVITY IN WHICH INJURY MAY OCCUR. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY/SPORT/TRAINING, WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

As consideration for being permitted to engage in these activities/training, and to use the facility provided by TODD WHITE JIU JITSU, LLC, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a demand, a claim against, sue, or attach the property of TODD WHITE JIU JITSU, LLC, or any of its affiliated organizations (if any), as a result of my activity/training/participation in the TODD WHITE JIU JITSU, LLC.

I HEREBY RELEASE TODD WHITE JIU JITSU, LLC AND ITS INSTRUCTORS/EMPLOYEES, ANY OTHER AGENTS AND ANY OF ITS AFFILIATED ORGANIZATIONS FROM ALL GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE TRAINING/ACTIVITIES AT TODD WHITE JIU JITSU, LLC.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TODD WHITE

JIU JITSU, LLC, ITS AGENTS AND/OR EMPLOYEES AND I SIGN IT OUT OF MY OWN FREE WILL.
AT 11210 HWY 290, SUITE A200, AUSTIN, TEXAS 78737

➤SIGNATURE:

DATE:

➤PRINTED NAME:

➤EMERGENCY CONTACT:

PHONE:



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PERSONAL INFORMATION

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

EMAIL:

WOULD YOU LIKE TO BE ADDED TO OUR MAILING LIST FOR NEWS, OFFERS AND

TOURNAMENT INFO?

EMERGENCY CONTACT:

BIRTH DATE :

HEIGHT AND WEIGHT:

DO YOU HAVE ANY PREVIOUS JIU JITSU TRAINING?

IF SO WHERE, WHEN AND FOR HOW LONG?:

WHAT BELT ARE YOU CURRENTLY HOLDING:

HOW DID YOU HEAR ABOUT US?:

DO YOU HAVE ANY HEALTH ISSUES? IF SO, PLEASE EXPLAIN:

ADDITIONAL COMMENTS:

ENROLLMENT DATE:



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PHOTO RELEASE

I hereby give permission to Todd White Jiu Jitsu, dba: Jean Jacques Machado Austin to use my name and/or photographic likeness in all forms and media for advertising, exposition displays, trade, and any other lawful purposes.

➤ Printed Name:

➤ Signature:

➤ Printed Name (Spouse):

➤ Signature (Spouse):

GUARDIAN CONSENT FOR STUDENTS UNDER 18

I am the legal parent/guardian of the following child(ren) and have read the release above and approve of its terms on their behalf.

Printed Name of Minor:

Printed Name of Minor:

Printed Name of Minor:

Printed Name of Minor:

➤ Guardian's Printed Name:

➤ Guardian's Signature: