WAIVER AND RELEASE AGREEMENT

In consideration of being allowed to participate in any way in CQC Grappling or GlenroyBrowne.com, related events, programs and/or activities, I,

Student Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but from the actions, inactions or negligence of others, or the condition of the premises or of any equipment used. Further, I understand that there may be other risks not known to me or not reasonably foreseeable at this time.

2. Fully assume all such risks and accept personal responsibilities for the damages following such an injury, permanent disability or death.

3. Acknowledge that I am fit to participate in CQC Grappling or GlenroyBrowne.com, related events, programs and/or activities.

4. For myself, my heirs executors, administrators, legal representatives, assignees, and successors (collectively “Successors”), I forever release, waive discharge, hold harmless, and promise to indemnify and not to sue CQC Grappling or GlenroyBrowne.com, its affiliated clubs, their respective administrators, owners, directors, agents, coaches, other employees of the organization, other participants, sponsoring agencies, sponsors, and, if applicable, owners and leasers of the premises (collectively “Releasees”) from any and all liability, claims, demands, losses or damages on account of injury, or otherwise, including death or damage of property, caused or alleged to be caused in whole or in part by any action, inaction or negligence of the Releasees.

5. I also agree not to make any claims against a third party who might in turn make a claim over against the Releasees and further agree to indemnify and save harmless the Releasees from any claims, damages, costs or other losses arising from such a claim over.

**MEDIA AND SOCIAL MEDIA RELEASE WAIVER**

I hereby give permission for myself (or my child) to be interviewed and/or images to be captured in a photograph or video that may be used by CQC Grappling or GlenroyBrowne.com for the purposes of:

Media coverage

Website promotion on CQC Grappling or GlenroyBrowne.com

Social media promotion on CQC Grappling or GlenroyBrowne.com social media accounts (e.g. Facebook, Instagram, YouTube or other)

and hereby release CQC Grappling or GlenroyBrowne.com from all claims whatsoever in connection with the use, reproduction or publication of the images thereof.

**COVID-19 AND OTHER COMMUNICABLE DISEASE ACKNOWLEDGEMENT AND ASSUMPTION OF THE RISK AGREEMENT**

1. I, with full knowledge of the current status and evolving nature of the global coronavirus pandemic (COVID-19), knowingly and voluntarily acknowledge that my attendance and participation in class at CQC Grappling or GlenroyBrowne.com. is completely voluntary.

2. I am fully and completely aware that my voluntary participation in class may subject me to communicable diseases including but not limited to COVID-19, other coronaviruses, seasonal flus, and colds and bacterial or viral diseases of the skin despite the precautionary measures being taken.

3. I am aware of the actual dangers involved and appreciate the nature and extent of the specific risks including but not limited to personal injuries, fatigue, illness, respiratory failure, hospitalization and associated required treatments such as medications and ventilation, and possible death.

4. I voluntarily and knowingly assume these risks and agree to subject myself to these risks by participating in class with full knowledge of the potential consequences.

5. I also agree to not attend any class if I have any suspicion that I have been exposed to COVID-19, am sick, or have any communicable disease of any kind.

6. I specifically waive my legal rights and agree not to file any lawsuit against CQC Grappling or GlenroyBrowne.com., its affiliates, owners, instructors, professors, or employees in any way related to the above-referenced diseases/illnesses.

**Signee Information**

I have read the above Waiver and Release Agreement, understand it fully, and agree to its terms and conditions.

Name \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Date of Birth (M\D\Y) \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If student is underage, then parent or guardian Signature below:

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Medical Concerns\*