



Okanagan Indian Band

12420 Westside Road • Vernon, BC, • V1H 2A4
Telephone: 250-542-4328 • Facsimile 250-542-4990
Email: okibadmin@okanagan.org

Name:

Address:

City:

Postal Code:

Phone Number:

Email:

Emergency Contact (Name, Phone Number, Relationship):

List any injuries or medical conditions that may affect your participation:

RELEASE:

I, the undersigned, do recognize that there is an inherent risk in my participation at OKIB MMA CLASSES do, by my enrollment and participation in this class, fully assume responsibility for this risk.

Therefore, I do hereby for myself, my heirs, executors, administrators, and assigns remise, release, and forever discharge OKIB, its agents, principles, employees, instructors, their heirs, executors, administrators, successors and assigns and any other person connected with OKIB of and from all manner of actions, causes of action, claims or demands which, against OKIB the participants, member or registrant here undersigned ever had, now has, or may be here after have by reason of participating in classes run by OKIB including, but without limiting the generality of the foregoing, and claims for personal injury resulting out of the negligence of OKIB or its principles, employees, instructors or members.

I further understand OKIB shall not be liable for the loss of or damage to the personal property of the undersigned participant under any circumstances what so ever.

Further, I understand that the activities that take place during OKIB MMA CLASSES, being physical activities, may be strenuous and demanding for certain individuals and that it is suggested that I consult a physician before engaging in any martial arts training.

Signature of Participant:

Date:

Parent/Guardian:

Date:

Witnessed By:

Date:

This form must be signed and dated in order for registrant to participate in any classes or other activities run by OKIB MMA CLASSES
