



RIZE MMA INC.



I understand that this seminar requires physical contact in the context of self-defence techniques and also acknowledge that injury is an inherent potential result of any such activity. I also represent that I am medically and physically able to participate in the exercises and physical demands of this event. I also agree that any injuries or limitations will be made known immediately. I also understand that there is no guarantee for my personal safety after the completion of this seminar.

In view of the foregoing and as a term and condition of being a participant of the RIZE Education seminar, I, with the intention of binding myself, my spouse, heirs, legal representatives, and assigns, expressly release and discharge the RIZE MMA INC., ELEVATION MARTIAL ARTS, their owners, employees, and legal representatives from all claims, demands, actions, judgements, and executions that I ever had, or now have or may have or that anyone claiming through him may have or claim to have, against RIZE MMA INC., ELEVATION MARTIAL ARTS, their owners, employees or legal representatives created by or arising out of any and all seminar activity regardless of where held or when held.

Also, I agree to allow, without compensation, the unrestricted use of any photographs, films, footage, or videotapes of myself. In witness whereof, I execute this release on this day and year written below.

Participant: _____ Email Address: _____
(please print first and last name clearly)

How did you hear about us?

- Friend/word of mouth (who? _____)
- Walk/drive by
- Google search [search term(s)]: _____ twitter facebook instagram
- Other (please specify): _____

Name of your emergency contact: _____ Relationship: _____ Phone: _____

Signature: _____ Date: _____
(of Parent/Guardian if under 18 years old) (mm/dd/yyyy)

PLEASE EMAIL ALL COMPLETED WAIVERS TO: freeseminars@rizemma.com

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