Fairfax Shotokan
KARATE CLUB
International Shotokan Karate Federation (ISKF)

Fairfax Shotokan Karate Class
Participation Waiver

I,_____, acknowledge and understand that by participating in the **Fairfax Shotokan Karate** classes (hereafter known as FSK), made available through the **Sports & Health** fitness centers (hereafter known as S&H), some risks may involve, and I fully assume all the risks.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or illness that would prevent, or increase the risk of injury while participating in the **FSK** classes.

I understand that I am fully responsible for any personal injury that may occur during my participation in the **FSK** classes.

I have read and understand this form in its entirety and do hereby waive, release and forever discharge **FSK** and **S&H** and their instructors, officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liabilities from injuries or damages resulting from my participation in **FSK** classes at the S&H centers.

Printed name	Signature	Date
Parents/guardian	Signature	Date
Witness/staff signature	Date	