



SXMMA Assumption of Risk and Liability Waiver

****Last Updated:**** 20/12/2024

Acknowledgment of Risk

I, [Full Name], born on [Date of Birth], confirm that I understand and accept the following:

****1. Inherent Risks:****

Martial arts training, including grappling, striking, wrestling, and martial arts-based fitness, involves inherent risks. These may include, but are not limited to:

- Slips, trips, and falls.
- Sprains, strains, cuts, and abrasions.
- Bruising, swelling, and, in rare cases, fractures or other injuries.

****2. Safety Measures:****

While SXMMA and its instructors take every reasonable precaution to minimise risks, it is impossible to eliminate them entirely.

****3. Training Environment:****

- SXMMA provides a controlled and supervised environment.
- I have the right to stop any drill, technique, or exercise if I feel uncomfortable or unsafe.

Assumption of Responsibility

I confirm that:

- I am physically and mentally fit to participate in martial arts training.
- I willingly assume all risks associated with my participation.
- I release SXMMA, its coaches, instructors, and staff from any liability related to injury, harm, or damage resulting from my participation, except in cases of gross negligence.

Safety and Qualifications at SXMMA

SXMMA ensures that:

1. ****Qualified Coaches:**** All coaches are trained and qualified, holding recognised certifications in martial arts instruction.
2. ****Risk Assessments:**** Comprehensive risk assessments are conducted regularly to ensure a safe training environment.

3. **First Aid Training:** All coaches are first aid trained to respond promptly and effectively to any incidents.

Consent and Understanding

1. Informed Participation:

I confirm that I understand the nature of martial arts training and its associated risks.

2. Digital Signature:

By submitting this form online / creating an account or membership I confirm that this acts as my legally binding signature, accepting the above terms.

3. Media Release:

I understand that my image may be captured during training or events. If I do not consent to this, I will inform SXMMA in writing.

Contact Information

If you have any questions about this waiver or the risks involved, please contact:

- **Email:** info@sxmma.com

- **Phone:** 07580 121234

Participant Declaration

By completing and submitting our online or paper form with the below details, I confirm that:

- I have read, understood, and agree to the terms outlined in this document.
- I voluntarily assume all risks and release SXMMA from liability as specified above.

Full Name:

Date of Birth:

Email Address:

Phone Number:

I Agree to the Terms and Conditions: [Checkbox]

Signature (Digital): [Text Field or Check to Confirm]