

**RezJitsu™** x

Protect us as we go to war  
for everyday's a battle.



## Liability Release Form

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**Participants Name:**

**Age:**

**Address:**

**Home Phone:**

**Mobile Phone:**

**Parent's Name:**

**Emergency Contact:**

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**Name:**

**Phone:**

*I hereby assume all risk of personal injury while myself or my child is attending or participating in Break Cycle Warriors activities. I give permission to staff to call a doctor or paramedic for medical care should an emergency arise. It is understood that a conscientious effort will be made to locate the minor's parent or guardian before further action takes place. However, if it is not possible to locate a parent this expense will be accepted by the parents.*

*I hereby release the Break Cycle Warriors instructors and staff from any and all liability arising from claims for injuries or damages that either individually or on behalf of your child might occur while participating in Break Cycle Warriors activities.*

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**Date:** \_\_\_\_\_

**Participant Signature**

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**Date:** \_\_\_\_\_

**Parent/Guardian Signature**

*When you participate in Rezjitsu, and/or Break Cycle Warriors (Live or Virtual) events, you will be participating in an event where photography, video and audio recording may occur. By participating in our events, you consent to video recording, audio recording and/or photography and its/their release, publication, exhibition, or reproduction to be used for news, web casts, promotional purposes, telecasts, advertising, inclusion on web sites, or for any other purpose(s) that Rezjitsu, and Break Cycle Warriors, its vendors, partners, affiliates and/or representatives deems fit to use.*