

**WAIVER OF CLAIMS, RELEASE OF LIABILITY, INDEMNITY AGREEMENT
BETWEEN THE PARTICIPANT AND SYSTEMA HEALTH, LLC (DBA SYSTEMA
GREENVILLE AND ASSOCIATED OTHERS, HEREAFTER REFERRED TO
COLLECTIVELY AS SYSTEMA GREENVILLE).**

**BE ADVISED THAT MARTIAL ARTS TRAINING IS AN INHERENTLY
DANGEROUS ACTIVITY WHICH INVOLVES SUBSTANTIAL RISK OF
SERIOUS BODILY INJURY AND/OR HARM!**

Accordingly, in consideration of being allowed to participate in any martial arts, sports, athletic training, activity, events, and/or instruction offered and/or sponsored by Systema Greenville, and intending to be legally bound, the undersigned does hereby:

ACKNOWLEDGE and fully understand that each participant of Systema Study Groups/Training Courses/Seminars/Activities that each participant will be engaging in activities that carries with it the potential for death, serious physical, emotional, and social injury, property damage and property losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

ASSUME all the risks and accept personal responsibility for the damages following such injury, permanent disability or death related to participating in any Systema Greenville Study Groups/Training Courses/Seminars/Activities. I promise to conduct myself in a safe and prudent manner, so as not to endanger myself or others. If my conduct, action, or statements while participating in any Systema Greenville activity are determined to be detrimental to the safety or well being of others participants, the Instructor or the public at large I shall willingly comply with the requests of the Instructor or his agents to remove myself and my effects from the training site immediately. I realize and agree that such a request includes forfeiture of any prepaid fees made to Systema Greenville.

REPRESENT that I am in physical and mental good health to engage in strenuous physical activity and hereby acknowledge that the Systema Greenville activities will include, but are not limited to, fast motion, contact, punching, kicking, trapping, throwing, joint locking, intercepting, falling, rolling, training weapons, being shot with ballistic balls and/or paint balls, and self defense techniques, at times without protective gear, and is therefore an inherently dangerous and risky activity. I hereby execute this Waiver and Release from Liability on behalf of myself, my personal representatives, my administrators, my heirs, my next of kin, my survivors, my successors and my assigns, as follows:

1. I FOREVER WAIVE, RELEASE, DISCLAIM, DISCHARGE and covenant not to sue Systema Greenville, and/or its respective administrators, directors, agents, shareholders, instructors, and/or other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and/or owners and lessors of premises used to conduct the event, all of whom are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and the next of kin for any and all claims, demands, losses or damages on account for injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

2. I INDEMNIFY AND HOLD HARMLESS the entities and personal specified in paragraph 1 above from any and all liability, loss, demand, claim or action at law or in equity that may hereafter be made brought by those individuals or entities as a result of any of my actions during any Systema Greenville Activity. This indemnification and hold harmless agreement also obligates me to help defend Systema Greenville in

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against any action brought against it or the entities and persons specified in paragraph 1 above as a result of any my actions. Should I refuse to undertake my responsibilities under this paragraph, or should I or any of my family members or associates initiate any action against Systema Greenville then I also agree that I will be liable for attorneys fees and costs incurred by Systema Greenville or the entities and persons specified in paragraph 1 above in defense of said action.

3. I AGREE that before participating in any Systema Greenville activity, irrespective of its location, that I will inspect surfaces, facilities and equipment to verify their safety and advise my instructors and decline to participate if deemed unsafe.

4. I CONSENT to receive medical treatment that may be deemed advisable as a result of any injuries I receive during a Systema Greenville activity, and agree that I am solely responsible for all costs, including diagnosis, treatment, medical transportation, and evacuation, that may become necessary for me or another person as a result of any of my actions during a Systema Greenville activity. I am aware that medical services or facilities may not be readily available during some of the time I am participating in a Systema Greenville activity.

5. I FURTHER AGREE that any material with my participation such as pictures, video tapes or articles in connection with any activity or function of Systema Greenville can be used for publication, promotion, articles, shows and advertisement in any manner anywhere without any further consent by me or my family members and without any compensation to me. Further I agree that any pictures, video tapes and/or written materials obtained by me from Systema Greenville will be used only for my own personal needs and that any public display, reproduction or other use of it is strictly prohibited.

6. BY SIGNING BELOW, I agree to act responsibly with the methods and skills taught at Systema Greenville. Under no circumstances shall the information learned at Systema Greenville will be used for anything other than defense of oneself or others in accordance with applicable laws and regulations.

7. If any portion of this agreement should be determined by a Court to be null and void, the remaining portion of the agreement shall remain in full force.

8. I CERTIFY that I have read this document, understand its contents in their entirety and have executed this document below without reservation or duress.

9. I/We as parents or legal guardians of a minor have instructed this minor of the provisions hereof and consent to the minor's participations. I/We additionally confirm and agree to all and adopt and ratify as my/our own all the rules, regulations, waivers, indemnifications, etc. included herein.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE. I/WE UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I/WE HAVE SIGNED IT VOLUNTARILY IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY AND ALL MARTIAL ARTS, SPORTS OR ATHLETIC TRAINING, EVENTS, AND/OR INSTRUCTION OFFERED AND/OR SPONSORED ACTIVITY BY SYSTEMA GREENVILLE

Student signature _____ Date: _____

Signature of Guardian _____ Date: _____

APPROVED BY _____ Date: _____