

**BOSTON UNIVERSITY
ACKNOWLEDGMENT OF RISK,
LIABILITY WAIVER AND RELEASE**



I understand that I will be undergoing physical exertion while participating in a Shotokan Karate tournament at Boston University. I am aware of the risks of injury involved with this activity and I certify that my level of physical fitness is sufficient for this activity. I do fully and completely assume any risks solely to myself, and accept full responsibility for my individual physical fitness to participate in this tournament. If at any time, I am in doubt about my safety, I will not proceed further.

In consideration of being presented this opportunity to participate in the Shotokan Karate tournament at The Sargent Activity Center at Boston University and in acknowledging that I am aware of and willing to assume the risks, I hereby voluntarily agree to waive, hold harmless and indemnify the Trustees of Boston University and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary participation in the Shotokan Karate tournament at Boston University. I understand the content of this document, and I execute this GENERAL RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK AGREEMENT of my own free will and accord.

Signature _____ Date October 24, 2009

Name (please print) _____ Date of Birth _____

PARENT OR GUARDIAN SIGNATURE: _____
(If under 18 years of age)

