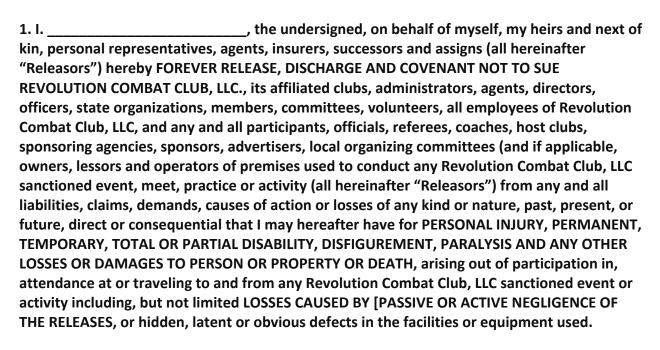


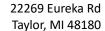
REVOLUTION

Telephone: 313-221-9777
Website: www.rccmichigan.com

Waiver and Release from Liability



- 2. Releasor understands and acknowledges that Revolution Combat Club, LLC activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENTLY, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OF PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.
- 3. Releasor acknowledges and fully understands that each participant in any Revolution Combat Club, LLC sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property including death, and that severe social and economic losses may result not only from Releasor's own actions or negligence, but from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.





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I ACKNOWLEDGE THAT I HAVE SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS PURPOSE, MEANING AND INTENT.

(Participants Signature)	(Date)	
	(Print Name)	
The undersigned,he/she is, in fact, the parent or le		does hereby represent that
and acting in such capacity agree release.	s to the terms and condition	ns of the above stated waiver and
	(Signat	ure of parent or legal guardian)
	(Print Name)	
	(Relationsh	ip to minor)
(Date)		