



Cliste Solutions, LLC dba "The Traveling Dojo"

<https://www.travelingdojomartialarts.com>
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Acknowledgement, Waiver & Release of Liability Agreement For Media Related Activities

Updated May 15, 2025

This agreement is between Cliste Solutions, LLC dba The Traveling Dojo (herein after referred to as "The Traveling Dojo") and _____ (herein referred to as the "Releasor").
(print participant's full legal name, even if a minor)

"Participants" are those participating in activities described herein, including the Releasor.

ACKNOWLEDGMENT OF RISKS

I, the undersigned participant (or legal guardian if participant is under 18 years of age), hereby acknowledge and understand that I have voluntarily chosen to participate in activities on behalf of The Traveling Dojo. I fully understand and acknowledge that participation in such activities involves physical activity, contact, and inherent risks of injury, including but not limited to bruises, sprains, fractures, and potentially more serious injuries.

Risks may arise from my own actions or inactions, the actions or inactions of others, the condition of the facilities, or the negligence of the "Releasees" named below.

The Traveling Dojo conducts martial arts and self-defense demonstrations or enactments for the purpose of sales, marketing and advertising. Such activities may include, but not be limited to, performing punches, kicks, martial arts katas, self-defense techniques involving restraining other participants, applying joint locks to other participants and other such activities required to illustrate and demonstrate various martial arts and self-defense techniques. Such activities may occur at various locations, which may present additional environmental risks and hazards beyond the control of The Traveling Dojo.

I have no physical or mental condition which would prevent me from safely participating in these activities or increasing the risk of harm to myself or others.

I knowingly and voluntarily choose to participate in these activities and assume all risks associated with my participation and expect no compensation for my time. I will comply with all the rules and regulations of The Traveling Dojo.

WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to participate in The Traveling Dojo's activities, I, for myself, my heirs, personal representatives, and assigns, hereby:

1. **WAIVE, RELEASE, AND DISCHARGE** The Traveling Dojo, its instructors, officers, employees, contractors, volunteers, agents, representatives, affiliates, successors, and assigns (collectively, "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me while participating in or traveling to/from activities.



2. **AGREE TO INDEMNIFY AND HOLD HARMLESS** the Releasees from any loss, liability, damage, or cost they may incur due to my participation.
3. **ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE** arising out of or related to participation in The Traveling Dojo's activities.
4. **UNDERSTAND** that this release applies even if the injury or damage is caused by the negligence of the Releasees.
5. **ACKNOWLEDGE** that I am physically fit and sufficiently trained to participate in these activities and can deny participating at any time. In such case of denial to participate the full force of this agreement will continue to remain in effect.

HEALTH AND MEDICAL TREATMENT

1. I understand that The Traveling Dojo does not provide health insurance for participants.
2. In the event of injury or illness, I authorize The Traveling Dojo to secure appropriate medical treatment. I understand I am financially responsible for any medical expenses incurred.
3. I certify that I have disclosed in writing under separate cover all medical conditions, allergies, and medications that could affect my participation.

COMMUNICABLE DISEASE ACKNOWLEDGMENT

1. I acknowledge the contagious nature of communicable diseases such as COVID-19, the flu and other communicable diseases that I may become in contact with, especially in group environments.
2. I voluntarily assume the risk of exposure or infection through participation in activities which may result from the actions, omissions, or negligence of myself and others.
3. I agree to follow all safety protocols established by The Traveling Dojo and local health authorities.

MEDIA RELEASE

I hereby grant The Traveling Dojo, its representatives, employees, agents, and assigns the irrevocable right and permission to photograph, film, record, or otherwise capture my image, likeness, voice, and appearance in connection with events, demonstrations, seminars, classes, belt promotions and all other activities The Traveling Dojo may be involved with.

I authorize the use of such media in any and all formats, including but not limited to print, digital, broadcast, and social media, for promotional, marketing, advertising, educational, or any other lawful purpose, without compensation or additional approval.

I waive any right to inspect or approve the final materials, and I release and discharge The Traveling Dojo from any and all claims, demands, or causes of action arising out of or connected with the use of such media, including claims for invasion of privacy, defamation, or misrepresentation.

This release is perpetual and worldwide and applies to all media now known or later developed.



GOVERNING LAW

This Agreement shall be governed by and interpreted in accordance with the laws of the state of Maryland.

UNDERSTANDING AND ACKNOWLEDGMENT

I, the Participant, have read this document in its entirety. I understand that by signing this document, I am giving up substantial legal rights, including the right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant Signature: _____ **Date:** _____

Print Name: _____

FOR PARTICIPANTS UNDER 18 YEARS OF AGE:

I, as participant's parent or guardian with legal responsibility for this participant, consent and agree to the above Waiver and Release of Liability on behalf of the minor, and myself, my heirs, assigns, and next of kin.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

Relationship to Participant: _____