



Maximum Wellness

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Registered Business License: 53180494A

PERMISSION AND RELEASE FORM

IN CONSIDERATION of the right of the individuals whose names are printed below (the "Participant") to participate in the fitness, aerobics kickboxing courses(s) and other activities scheduled to take place in connection with the 2016 Singapore kickboxing club program (Collectively, the "Courses"), I hereby (a) agree to participate in the Courses and (b) on behalf of myself, the Participant and the Participant Representatives (as defined below):

1. grant permission to each of the Released Entities (as defined below) to utilize Participant's name, voice, statements, photograph, image, likeness, actions at the Courses and/or Participant's biographical data in any live or recorded form (including, but not limited to, any form of video display or other transmission or reproduction), in whole or in part, for promotional, commercial or any other purpose, in perpetuity worldwide in any media whether now known or hereafter created without any additional consideration;
2. (a) acknowledge that the Participant's participation in the Courses involves risk of serious bodily injury, death, property damage and/or other harm which might result not only from the Participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, the conditions of the premises or of any equipment used and that there may be other risks not known or reasonably foreseeable at this time; and (b) accept sole responsibility for all of the hazards and risks to Participant and Participant's property associated with or related to Participant's participation in the Courses and for any damage or injury that Participant may cause to others;
3. (a) release, waive and forever discharge any and all claims of damages or causes of action, including but not limited to, death, personal injury or loss or damage to property, which I, the Participant or any of the Participant's representatives, heirs, next of kin or assignees ("Participant Representatives") may have or which may hereinafter accrue to me, the Participant or the Participant Representatives as a result of Participant's participation in the Courses or otherwise and which may be asserted by me, Maximum Wellness™, Singapore Kickboxing Club™ and its teams, and each of their respective affiliates, administrators, agents, coaches, officers, directors and employees, other participants, sponsoring agencies, sponsors (including Singapore Sports Council), advertisers, designees, licensees and if applicable, owners and lessees of premises used in connection with the Courses (collectively, the "Released Entities"), whether caused by the acts, omissions or negligence of the Released Entities or by any other person or entity and (b) agree to indemnify and save and hold harmless the Released Entities and each of them from any loss, liability, damage or cost they may incur due to my participation in or otherwise in connection with the Courses, whether caused by the negligence of any of the Released Entities or otherwise;
4. acknowledge that the Released Entities are relying on the grant of rights contained herein; and

5. Expressly agree that this Permission and Release Form is intended to be as broad and inclusive as is permitted by all applicable laws and that if any portion hereof is held invalid, it is agreed that the balance shall nonetheless continue in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THIS PERMISSION AND RELEASE FORM, and further agree that no oral representations, statements or inducement contrary to anything contained herein have been made by Singapore Kickboxing Club™ and Maximum Wellness or any of its employees or agents. In the courses of any conflict between the English language version of this form and any translation thereof, the English language version shall prevail.

AGREED TO AND ACCEPTED: Indicate (check the box)

if Participant is a: **Coach** or **Player** **Health/Fitness Professional**

Date: _____

Name of Participant: _____ (*First Name*) _____ (*Last Name*)

Date of birth: _____ (DD/MM/YYYY)

Sex: Male Female

Mobile Number of Participant: _____

Email Address of Participant: _____

Participant's School: _____

Signature of Participant: _____

FOR OFFICIAL USE

Received Date

Application ID No.