



National Women's Martial Arts Federation Event Release and Liability Waiver and Indemnity Agreement (Read Carefully Before Signing)

Liability Waiver

In consideration of being permitted to participate in any way in the National Women's Martial Arts Federation (NWMAF) 2026 Weaving Strength regional conference at Providence BJJ indicated below and/or being permitted to enter for any purpose any restricted area (here defined as any area where admittance to the general public is prohibited), I/We the undersigned hereby agree that I shall hereafter and forever release, waive, discharge and covenant not to sue the National Women's Martial Arts Federation (NWMAF), its agents, instructors, any and all event participants, and any other persons associated with this event in any capacity for any occurrences taking place at the event for which I am registering from any cause of action, claim, or liability for damages or expenses, including but not limited to any claims for personal injury resulting from or arising out of negligence of any or all of those parties listed above which may result from my participation in martial arts or self-defense training, instruction, or related activities.

I/We understand and agree that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

I/We are fully aware and expressly understand that training and instruction in the martial arts requires strenuous exercise activity and necessitates bodily contact during sparring, forms, self-defense, and at other times as part of the instruction in martial arts. I am fully aware that any and all of the aforementioned activities, and others, may result either unavoidably or negligently in bodily injury to myself up to and including partial and/or total disability, paralysis and death. I further understand that the social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe. There may be other risks not known to us or are not reasonably foreseeable at this time. I/We assume full responsibility for my physical health at this conference and do not hold any or all of those parties listed above responsible for any aggravation of these conditions. I represent and covenant that at the time of signing this release I am legally competent to execute it and that before signing it I have fully informed myself of its contents and execute it with full knowledge thereof. I understand this agreement to be binding and literal.

I/We hereby acknowledge that THE ACTIVITIES OF THE EVENT ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Providence BJJ facilities used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the NWMAF 2026 Weaving Strength at Providence BJJ events or program, premises and event inspectors, underwriters consultants and others who give recommendations, directions, or instructions to engage in risk evaluations or loss control activities regarding the Providence BJJ facility or events held at such facility and each of them, their directors, officers, agents, employees, for all the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.



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Firearms Prohibited: The attendee acknowledges and agrees that no guns of any kind are permitted on any of the Premises at any time. This prohibition includes, without limitation, handguns, rifles, and other firearms, even if the individual possesses a valid concealed carry license. Any violation of this provision shall be considered a substantial breach of this Agreement and may result in immediate ejection from the event.

Each of the undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Minor Participants

Important: If the participant is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability. If only one parent or guardian executes this Release on behalf of a Participant who is under 18 years of age, then the undersigned parent or guardian of the Participant hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of and as an agent for, any other individual who may be a parent or guardian of the Participant, and that by executing this Release, the undersigned is binding himself/herself, the Participant, and any other parent or guardian of the Participant, and all of their heirs, executors, per al representatives, assigns and estates to this Release.

Event Holder	National Women's Martial Arts Federation, Inc.
Event Holder Address	304 S. Jones Blvd, Box 2929 Las Vegas, NV 89107
Facility Name	Providence BJJ
Facility Address	4 Aurora St Providence, RI 02908



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PARTICIPANT

Signature of Participant

Date

Printed Name of Participant

Date of Birth

Address

Participant/Parent Cell Phone #

Participant/Parent Email Address

PARENT/GUARDIAN (if under 18)

Parent or Guardian Signature

Parent or Guardian Printed name

Date

Parent /Guardian Address

Parent /Guardian Cell Phone #

Parent/Guardian Email

Driver's License # and State



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Emergency Contact

Name _____

Relationship _____

Cell Phone # _____

Received By:
Registrar Signature _____

Printed Name _____

Date _____