Liability Waiver

Grupo Capoeira Angola of Mid Cascadia

Please read this Liability Waiver carefully before signing. This document affects your legal rights and limits your ability to sue Grupo Capoeira Angola of Mid Cascadia Nonprofit (hereinafter referred to as "the Organization") Or any organization providing training space to Grupo Capoeira of Mid Cascadia nonprofit for Sports and Social Achievement (dba Capoeira Angola Palmares of Portland, guests, training partners, or instructors.

Participant Information

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Date of Birth: _____

Activity Description

I, the undersigned, desire to participate in capoeira classes, workshops, events, and related activities organized and/or sponsored by the Organization. I understand that capoeira involves physical activity, including but not limited to: stretching, kicking, acrobatics, sparring, and other forms of exercise and combat.

Acknowledgement of Risks

I acknowledge that participation in capoeira activities involves inherent risks, including but not limited to:

- Muscle strains, sprains, and tears
- Broken bones
- Concussions

- Other bodily injuries
- Death

I understand that these injuries can occur regardless of my skill level or the precautions taken by the Organization. I am voluntarily participating in these activities with full knowledge of the risks involved.

Waiver of Liability

In consideration for being allowed to participate in the activities offered by the Organization, I hereby release, waive, discharge, and covenant not to sue the Organization, its officers, directors, employees, volunteers, agents, and representatives (hereinafter referred to as "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, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Releasees, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted. I also authorize being recording in video for documentaries, promotional marterial, and group history.

Assumption of Responsibility

I am aware that my participation in these activities could result in serious injury or death. I am voluntarily participating in these activities with full knowledge of the dangers involved and agree to accept any and all risks of injury or death.

I am responsible for my own safety and well-being during participation in capoeira activities.

Medical Treatment

In the event of an injury, I authorize the Organization to obtain medical treatment for me, if necessary. I understand that I am responsible for any and all costs associated with such treatment.

Governing Law

This Waiver shall be governed by and construed in accordance with the laws of the State of [Insert State Name], without regard to its conflict of laws principles.

Signature

I have carefully read this Liability Waiver and fully understand its contents. I am signing this waiver voluntarily and with the knowledge that I am giving up certain legal rights.

Participant Signature

Date

Printed Name

If Participant is under 18 years of age:

Parent/Guardian Signature

Date

Printed Name

Summary

This document outlines the risks associated with participating in capoeira activities organized by Grupo Capoeira Angola of Mid Cascadia Nonprofit. By signing, the participant acknowledges these risks, waives their right to sue the organization for injuries, and assumes responsibility for their own safety. It is essential to read and understand this document before signing.

Insurance Provider_____ Contact number_____

Emergency Contact 1_____ Contact number_____

Emergency Contact 2_____ Contact number_____