

# EPOCH BJJ

JIU-JITSU & MOVEMENT TRAINING  
IN WILMINGTON, NC

**Please fill out completely and email to epochbjj@gmail.com.  
Please note yellow comments where signatures are required.**

## Liability Waiver / Risk Acknowledgment:

I understand that participation in martial arts activities could involve risk of physical injury, illness, death or property loss, and despite safety precautions, EPOCH LLC and its representatives cannot guarantee safety thereof, as all risks cannot be prevented. EPOCH LLC does not provide health and accident insurance for participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from this activity, are to be borne by the student/participant, or by their parent or guardian (if student/participant is a minor).

In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with EPOCH LLC and any recreational activities noted within; and with full understanding of the above issues/conditions and risks, I hereby release, indemnify and hold harmless EPOCH LLC, its faculty/staff, trustees, officers, volunteers, and agents from all form and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said activities.


Print Student/Participant Name: \_\_\_\_\_

Signature of Student/Participant: \_\_\_\_\_ 

Date: \_\_\_\_\_

### For Minors:

Signature of Parent or Guardian (needed if student/participant is a minor – under 18):

\_\_\_\_\_ 

Date: \_\_\_\_\_

# COVID-19 Liability Release Waiver

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), Epoch WB, LLC of Wilmington, NC is taking extra precautions with the care of enhanced sanitation/disinfection procedures of the facility and equipment.

Symptoms of COVID-19 include:

- Fever Fatigue
- Dry Cough
- Difficulty Breathing

## **I agree to the following:**

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above WITHIN THE LAST 14 DAYS.

I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.

I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 30 DAYS.

I understand that Epoch WB, LLC cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

Epoch WB, LLC is following these enhanced procedures to prevent the spread of COVID-19:

- Water fountain is not allowed to be used
- Additional time included between classes to prevent member contact with each other
- Guests accompanying members for classes is discouraged
- Each member is required to wash hands upon arrival and before leaving
- Your instructor will thoroughly clean hands before every class
- Your instructor will wear a clean gi for each class
- Bathrooms will be cleaned and disinfected after each use
- All surfaces will be cleaned and disinfected before and after each class

By signing below, I agree to each statement above and release Epoch WB, LLC from any and all liability for the unintentional exposure or harm due to COVID-19.

Epoch WB, LLC agrees to abide by these standards and affirms the same.

Print Student/Participant Name: \_\_\_\_\_

Signature of Student/Participant: \_\_\_\_\_ 

Date: \_\_\_\_\_

**For Minors:**

Signature of Parent or Guardian (needed if student/participant is a minor – under 18):

\_\_\_\_\_ 

Date: \_\_\_\_\_

## **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Epoch WB, LLC has put in place preventative measures to reduce the spread of COVID-19; however, Epoch WB, LLC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Epoch WB, LLC could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and / or myself may be exposed to or infected by COVID-19 by attending Epoch WB, LLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Epoch WB, LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Epoch WB, LLC employees, volunteers, and academy members and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s

attendance at Epoch WB, LLC (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Epoch WB, LLC, its employees, agents, and representatives, of and from the

Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Epoch WB, LLC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any class or program.

Print Student/Participant Name: \_\_\_\_\_

Signature of Student/Participant: \_\_\_\_\_ 

Date: \_\_\_\_\_

**For Minors:**

Signature of Parent or Guardian (needed if student/participant is a minor – under 18):

\_\_\_\_\_ 

Date: \_\_\_\_\_