

SAFETY AGREEMENT

In consideration of being permitted to participate in any way, in classes, practice, clinics or any related events and activities of the **Tennessee BJJ and Judo club (AKA Tennessee BJJ club) and the Appalachian Martial Arts Club:**

I hereby agree:

- 1) To be considerate of the safety of all my training partners and of my own safety at all times.
- 2) That allowed Submission holds are:
 - Everyone: All Arm Locks, All Chokes, Wrist Locks
 - Blue Belt and Above: Straight ankle locks, knee bars, bicep slicers, knee slicers, and toe holds
- 3) Not to apply explosive submissions, I will give my opponent reasonable time to submit.
- 4) Not to apply neck cranks
- 5) Not to apply heel hooks or any twisting leg locks.
- 6) Not to stack my opponent onto his head, I will keep my opponent's shoulders on the mat during moves that involve stacking.
- 7) Not to slam my opponent from any position, nor do a throw or takedown in a manner that would cause my opponent to land on his head or shoulder.
- 8) That I will fully tape all cuts or open abrasions
- 9) That I will treat any blood on my gi with alcohol or other antiseptic.
- 10) Not to train if I have ringworm or staph.
- 11) To abide by standard grappling rules, that is, no striking, no small joint submissions (fingers), no fingers in any orifice, no hair pulling, etc. I will examine BJJ competition rules for more information.

I HAVE READ THE ABOVE SAFETY AGREEMENT AND I AGREE TO ABIDE BY THESE POLICIES, AND I DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT AND AGREEMENT OF MY PARENTS/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant (Print Full Name)

Participant Signature

Date

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree as provided above, and that I have fully explained these rules to my child or other person of which I am the legal guardian of, and that they fully understand and agree to abide by these safety policies

Parent/Legal Guardian (Print Full Name)

Parent/Legal Guardian Signature

Date