

Participation Waiver

Date ____/____/____

How did you hear about us _____

Participant Name _____

Birth Date ____/____/____

Parent/Guardian _____

Address _____

City, State, Zip _____

Home Phone _____

Email _____

Cell Phone _____

Emergency Contact _____ Phone _____

In consideration for my attendance and participation in this academy's martial arts training, I _____, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve Locust Grove Karate, Inc., its management, assigned staff, and fellow students from any liability resulting from personal injury or loss of personal belongings. I also hereby state that the student named above is physically fit to take the prescribed course of instruction and does so of their own free will.

Signature _____

Date ____/____/____