

Action Karate Permission to Participate

Please provide the following information and bring it to Action Karate when you attend the event- do not send in advance. The information must be complete; our insurance company requires this for your child to participate. PLEASE TAKE THE TIME TO FILL THIS OUT IN ADVANCE so you may avoid lines when checking into the event. You will receive a "Mat Pass" when you turn in the completed form at the front door. Thank you 😊

Parental Permission: The undersigned acknowledges the existence of certain inherent risks in this type of training and hereby agrees to assume all risks himself. He further relieves Action Karate, its management, assigned or contracted instructors and his fellow students from any liability resulting from personal injury and/or loss of personal property. Occasional photos or videos of class or special events may be taken. Such materials may be used as advertising media. The undersigned waives claim to all model rights whether active or passive.

INFORMATION ABOUT PARTICIPANT:

Name: _____ Age: ____ Grade: ____ Limitations: _____

Martial Arts experience? YES NO Parent name: _____

Address: _____ City: _____ Zip Code: _____

E-Mail (this is required to receive Event Photos, Thank you's/Gift Certificate): _____

Cell Phone: _____

Which/whose event will you be attending? _____

Parent hereby stipulates that participant is physically sound and that has medical approval to proceed with this type of training.

Parent signature: _____

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