

Birthday Party Waiver
(you MUST complete this form entirely for your child to participate)

Parent or Guardian Information:

Date _____

NAME _____ PHONE _____ CELL _____ AGE _____ DOB _____

ADDRESS _____ E-MAIL _____

CITY _____ ZIP CODE _____ SINGLE __ MARRIED __ DIVORCED __

Name/Age of Minor Participants (Under 18 Years of age):

NAME _____ AGE _____ DOB _____ NAME _____ AGE _____ DOB _____

NAME _____ AGE _____ DOB _____ NAME _____ AGE _____ DOB _____

NAME _____ AGE _____ DOB _____ NAME _____ AGE _____ DOB _____

You must read and understand this agreement before signing it.

As a member, I agree to hold harmless **Freddie Poole's Martial Arts** and all persons concerned in the event of personal injury resulting from the use of any techniques, in any manner, applied or taught during or after class, in tournament or elsewhere. I agree to follow the rules of **Freddie Poole's Martial Arts**, its instructors and staff members, when participating in, or observing a class, and I realize this is a contact sport. All Sparring students must follow the rules as set forth. Students must wear proper safety equipment such as headgear, mouthpiece, groin protectors (male) and chest protectors. No full contact to head, face, neck or groin (except for light contact to the protective gear). The Instructor or staff member may terminate a student's training class for not following the rules, showing lack of courtesy, or demonstrating poor sportsmanship. I pledge never to use the knowledge gained at this studio except to protect the honor or well being of the defenseless or myself. I am in good health or have medical approval to engage in Karate, Self-defense, Kickboxing, Boxing or Jiu Jitsu. I further assume all risks that are a part of and incidental to this training program. I have read, understand and will comply with the above rules.

Signature of Participant

Signature of Parent / Guardian of Minor

Relationship

Date