



**In Consideration of being allowed to enter the training area and/or participate in any party and/or program at The Dojo American Karate Centers, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:**

I represent that I am the parent or legal guardian of the participant(s) named below. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at The Dojo American Karate Centers. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest The Dojo American Karate Center employee or instructor immediately; I am aware that there are inherent risks associated with participation in karate programs, parties, and/or use of the training area and karate equipment and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants; and, I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, The Dojo American Karate Centers and their operating corporations, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all The Dojo American Karate Centers programs, activities, parties, the use of the training area and/or karate equipment.

Participant Name: \_\_\_\_\_ Participant Date of Birth: \_\_/\_\_/\_\_

Participant Name: \_\_\_\_\_ Participant Date of Birth: \_\_/\_\_/\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Address: City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Phone#: \_\_\_\_\_

E-mail: (optional) \_\_\_\_\_