

Kobushi Family Karate Center

Liability Release For Birthday Parties, Parents Night Out & Buddy Night

Please Check One:

- Parents Night Out
- Birthday Party
- Buddy Night

[Please print clearly!]

Participates Name: _____ **Students Name:** _____

Present Address:

City: _____ **State:** _____ **Zip:** _____

Phone Number: () _____

Email Address: () _____

Emergency Phone Number: () _____

Please list any disabilities that we should be aware of:

Member (If a minor including their parent or guardian) further acknowledges the existence of some risk of personal injury in participating in said prescribed course of instruction and that they are assuming this risk without liability to **Kobushi Family Karate Center** by executing this agreement and participating in said prescribed course of instruction, Member hereby agrees to release **Kobushi Family Karate Center** its owners, agents, employees, and other members from all liability in said prescribed course of instruction.

I understand

I have read, understood and agree to all conditions set forth in the above Agreement. In witness thereof, the parties hereto have signed this Agreement of the above date. **Member** acknowledges receipt of this Agreement.

Participates Name: _____

If Minor:

Parents Name: _____

Signature: _____

I give Kobushi Family Karate Center permission to take pictures of my child for advertising on their Web Site.

Member:

Print Name: _____

Signature: _____

If Minor:

Parents Name: _____

Signature: _____