

## Action Karate Permission to Participate

The information must be complete; our insurance company requires this for your child to participate.

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? [Lower Nazareth Township's 2023 Summer Park Program](#)

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

Parent signature: \_\_\_\_\_