



Event Release

Please fill out, sign and return to an instructor. This form is for one event

General Information		
Event:	Date:	
Last Name:	Child 1 Name:	
Child 2 Name:	Child 3 Name:	
Address:		
City:	State:	Zip:
Home Phone:		
Name of parent or guardian:		
Signature of parent of guardian:		
Emergency Phone Number 1:		
Emergency Phone Number 2:		
<p>Allergies and/or Health Concerns</p> <p>Please list any food allergies or health problems the instructors need to be aware of:</p>		

Liability Waiver and Consent to Participate

I do hereby give my permission and consent for myself and/or my child(ren) to participate in programs and activities sponsored by Integrity Martial Arts LLC as set forth on this Form. I understand that the activity for which I have completed this Form may involve some risk of injury. I further understand that I and/or my child(ren) is participating at mine and/or his/her own initiative, risk, and responsibility. I have had all my questions answered for me regarding the programs and activities, and I have received full disclosure of what the activities will be from Integrity Martial Arts LLC.

Therefore, in consideration of permission extended to me by Integrity Martial Arts LLC, through its officers and agents, to allow my child to take part in these programs and activities, I do hereby for my child, myself, and our heirs, personal representatives and assigns, knowingly and intentionally remise, release, and forever discharge and agree to hold harmless and to indemnify and defend Integrity Martial Arts LLC and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions, or causes of action on account of any injury or death to my child, or damage to my child's property which may occur from any cause during said programs or in connection with any activities incidental thereto.

Emergency Medical Care

I further authorize Integrity Martial Arts LLC, its officers, agents and employees to arrange emergency medical care for my child, solely at my expense, should it become necessary to do so in the event of injury to myself or child(ren).

I have read the above statement and agree to its terms.

Signed By: _____
Signature of parent or guardian/Self

Date: _____