

Buhisan's USA Martial Arts



Liability Waiver

Your child is invited to attend and event at Buhisan's USA Martial Arts. Please complete the following information and have your child bring it in on the day of the event.

Event			
_____		_____	
Child's Name		Age	

Parents Name			

_____	_____	_____	_____
Address	City	State	Zip
_____		_____	
Cell Phone		Email	

I authorize my child to participate in the above mentioned martial arts event at Buhisan's USA Martial Arts. I understand injuries can and do occur and hereby release Buhisan's USA Martial Arts from liability for any injuries or damages occurring while at Buhisan's USA Martial Arts facility or otherwise, except where such injury is caused by the gross negligence of Buhisan's USA Martial Arts or its employees while directly providing service to the student. In the event of an emergency I authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary at my expense.

Signature	Relationship	Date
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