



822 Petaluma Blvd North
Petaluma, CA 94952

Name of Participant: _____ Age: _____

Phone Number: _____

Email: _____

Camp Buddy Day Parents Night Out Orientation Seminar Other

Release of Liability- Please Read Carefully

In consideration of services to be received as a student, the undersigned hereby releases and forever discharges Martial Arts USA, it's assistants, teachers, heirs, successors, administrators and assigns from any and all actions, liability, claims and demands upon by or for reason of damage, loss, injury, or suffering known or unknown which may be sustained by me (or if minor, by my child) in connection with and or in course of receiving training by Martial Arts USA, it's assistants, teachers, heirs, successors, administrators, assigns, any fellow student, or participant.

I am in good physical condition and health to begin a physical activity. I understand I should consult a doctor before beginning any physically demanding activity or sport.

I voluntarily agree to the conditions set forth above, and understand the potential hazards of training with Martial Arts USA, which can be dangerous and/or strenuous mentally and physically. I assume all risks, inherent and incident, to this type of sport or activity, as a condition to my participation, with and in this school.

Date _____ Parent/Guardian/Participant Signature _____