



6451 El Camino Real, Ste B-1 | Carlsbad, CA 92009 | 760-814-2283

Student Waiver

Student's Name: _____		Age: _____
School Attended: _____		Date of Birth: _____
Parent - Mom - First: _____	Last: _____	
Parent - Dad - First: _____	Last: _____	
Mom Cell: _____	Dad Cell: _____	
Home Ph: _____	Email: _____	

In consideration of being allowed to enter any class, event, party or program at North County Martial Arts, the undersigned on his or her behalf or on behalf of the minor identified above, acknowledges and agrees to the following conditions:
I hereby release and hold harmless North County Martial Arts, it's officers, members, agents, employees and other participants from all claims, injuries, liabilities or damages arising from or related to participation in any of our classes, activities, events or programs.
I am aware of the inherent risks of injury associated with participation in North County Martial Arts programs and knowingly and freely assume all such risks.

Signed (Student if an Adult): _____ Date: _____

Signed (Parent / Guardian): _____ Date: _____



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