



WAIVER RELEASE FORM

1st Guest's Name: _____ Pronouns: _____ Birth Date: ____/____/____ Age: _____

2nd Guest's Name: _____ Pronouns: _____ Birth Date: ____/____/____ Age: _____

3rd Guest's Name: _____ Pronouns: _____ Birth Date: ____/____/____ Age: _____

Parent & Guardian's Name: _____

Address: _____ City: _____ Zip Code: _____

Email: _____ Contact Phone: _____

Release: I hereby consent to participate in activities offered by Emerald City Karate and agree to waive and release all rights and claims for damages that I may have at any time against the school, its representatives whether paid or volunteer, for any injury or damages in connection with the Karate program or other activities related to Emerald City Karate. The risks involved in respect to such a program are fully understood.

SIGNATURE: _____ DATE: _____
(If under 18, parent or guardian)



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