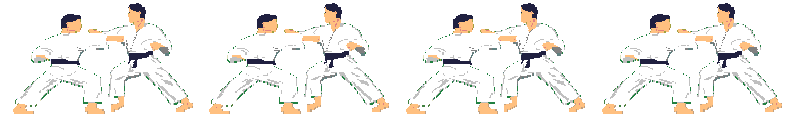


Buddy Class Permission Slip



PLEASE PRINT

Last Name _____ First Name _____

Birth date _____ Age _____ Phone _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

WAIVER RELEASE AND INDEMNIFICATION. You (the Buyer and/or Member) understand and agree that you are aware that, under the Buddy Week Membership, you shall be engaging in physical activities, including but not necessarily limited to, training and instruction in the Martial Arts, which necessarily includes physical contact which could cause injury to you (the "Activities"). You are voluntarily participating in these activities and assume all risks of injury, which might result. You hereby agree to waive any claims or rights you might otherwise have against Seller, its affiliates, owners, employees, agents and assigns (collectively the "Releases") for injury, loss or damages arising out of or relating to the Activities including, but not limited to, those risks which may be associated with or attributed to any negligent act, omission or fault of the Releases (the "Waived Risks"). You further agree to indemnify, save and hold harmless the Releases from any claim, loss or damages, including but not limited to their attorney's fees, to which they may be subjected arising out of, or relating to, this Agreement, or the Activities including, but not necessarily limited to, the Waived Risks. You further agree to release Seller from any liability for any loss or theft of personal property.



September 13th-18th

Bring your friends to class with you and share the benefits of Martial Arts! Simply have your friend (or their guardian if friend is under 18 years of age) complete the permission slip on the opposite page.

(Guest Signature)

(Parent/Guardian Signature if Guest is under age 18)

(Date)

(Soto's Martial Arts Student's Name)

Soto's Martial Arts America
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Appleton WI 54911
(920) 749-1122
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