

Buddy Week

BRING A FRIEND!

Aug 8th-12th



Your friends will have fun while learning important life skills such as: Confidence, Courtesy & Respect



Soto's Martial Arts
532 N Richmond St
Appleton, WI 54911
(920) 749-1122
www.appletonkarate.com

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 back side.

Bring a friend and receive a Medal!

*You are welcome to bring your brothers or sisters; however the awards are given for those who bring a non martial arts friend.

Martial Arts Permission Form

PLEASE PRINT

Childs Last Name _____

Childs First Name _____

Birth date _____ Age _____

Phone _____ Mobile Phone _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

WAIVER RELEASE AND INDEMNIFICATION. In consideration of your acceptance of Attendee's entry, the undersigned does hereby, for Attendee, myself, our heirs, our executors, our administrators, and anyone claiming by or through any of them, waive, release and forever discharge Soto's Martial Arts; their affiliated companies, their respective owners, employees, agents, guests and invitees (collectively the "Releasees") for and from any and all claims or rights for any injury, loss, or damage to person or property, arising out of, or relating to, attendee's presence at or participation in Soto's Martial Arts Academy Martial Arts Party (the "Event"), including, but not limited to, any claims or rights which may be associated with or attributed to negligent act(s), omission (s) or the fault of any of the Releasees (the "Waived Risks"). The undersigned further agrees to indemnify, save and hold harmless Releasees from any claim, loss or damage, including, but not limited to, Releasees' attorney's fees and expenses, to which any of them may be subjected arising out of, or relating to, Attendee's presence at or participation in the Event, including those relating to the Waived Risks. The undersigned understands that Karate is a contact sport which may cause injury to Attendee. I, the undersigned, voluntarily assume all risks associated with the Waived Risks. By my signature below, I certify that I have read and understand the above agreement.

Date _____

Parent/Guardian Signature

Print Parent/Guardian Signature