

OH DO KWAN MARTIAL ARTS WAIVER

By Signing below, I behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless, Oh Do Kwan Martial Arts, representatives, and agents for any injury, loss of damage to my person or property, howsoever caused, arising out of or in connection with my taking part in martial art classes, camps or self-defense seminars and other activities and notwithstanding the same, may have been contributed to or occasioned by the negligence of Oh Do Kwan Martial Arts representatives or agents. My signature also authorizes Oh Do Kwan Martial Arts to obtain emergency medical treatment if deemed necessary in my absence.

PARENT/GUARDIAN INFORMATION

Please print

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate: _____

STUDENT INFORMATION (If different from above)

Name(s) _____ Date of Birth _____ Medical conditions _____

(1) _____

(2) _____

(3) _____

Parent/Guardian Signature _____ Date _____

For Office Use Only

Start date: _____ End date: _____

Payment method: Cash Check Visa MasterCard

Card #: _____ Expiration: ____/____

Signature of Cardholder: _____ Amount: \$19.95

School representative: _____