

Missouri Karate Association

Student Liability Form

Name _____ Phone _____
Parent/Guardian _____ E-mail _____
Address _____ Birthday _____
City _____ State _____ Zip _____
Employer _____ Phone _____

I, the undersigned, wish to participate in the Missouri Karate Association martial arts program. In consideration of this participation, I understand and agree to the following provisions:

- 1) This activity which I desire to participate in could lead to my injury, disability or death. This could result from the normal participation of the activity, my own action, the action of other participants, or conditions of the activity.
- 2) The activity is to be performed within the rules, and any intentional act to injure another participant or spectator is not condoned, encouraged or permitted by the Missouri Karate Association.
- 3) Missouri Karate Association reserves all rights to dismiss any students, at any time, for misconduct and/or actions which may convey a bad image.

I understand and accept the above provisions and agree on behalf of myself, my family, estate and heirs to release, waive and hold harmless the Missouri Karate Association and its successors and assigns or affiliates, other participants, directors, managers, supervisors, from any and all legal claims or liability relating to personal injury or death to me or my property as a result of my participation in the activities associated with this program.

I, the undersigned, have read and agree to the above provisions as a condition of my participation.

Signature (Parent or Guardian if under 18)

Date

For Official Use Only

AAKF/MKA 200__ _____

(New or Renewal)

Payment Plan _____

(C, M, 3, 6, Y, S, F, O)

Note _____

Do you know someone who would be interested in karate lessons?

Name _____ Phone _____

Address _____

Additional Comments _____