

**United Karate System**  
*Consent and Liability Release Agreement*

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian (if student is a minor) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
School minor student attends \_\_\_\_\_  
Telephone number(s) where you can be reached in case of emergency:  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_  
Email Address \_\_\_\_\_

*\*If the student has a parent or guardian at a 2<sup>nd</sup> address, and you would like them to be notified in case of an emergency during your absence, please provide the information listed below.*

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone #(s) \_\_\_\_\_

Health, physical impairments \_\_\_\_\_

Medications currently being taken \_\_\_\_\_

Student's reason for taking karate \_\_\_\_\_  
Parent's reason for enrolling student \_\_\_\_\_  
Prior martial arts training (if any) \_\_\_\_\_  
How did you hear about this program? \_\_\_\_\_

*I do hereby assume all injury or damage and medical expenses arising out of my or my child's participation in the United Karate System program. And I do further release and forever discharge the United Karate System, its instructors, officers, staff, agents and employees, for any injuries sustained or damages, loss or theft of property sustained by me or my child; and I do further hereby agree to indemnify and save harmless the United Karate System, its instructors, officers, staff, agents and employees any claims, loss or damages arising out of my or my child's participation in the activities of the United Karate System.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

*Photographs and videos are periodically taken of participants.  
Please be aware that these photographs may be used for marketing purposes.*