

Huntsville School of Karate Liability Waiver

Name:	Telephone:
Address:	Emergency Name & Phone:
Pickup Contacts (list all acceptable):	
Date of Birth:	
Do you have any medical conditions, allergies, or special notes about your child/children?	

BY SIGNING THIS SHEET, YOU ARE STATING THAT YOU UNDERSTAND ALL THE TERMS AND CONDITIONS CONTAINED HEREIN, AND THAT ALL INFORMATION I PROVIDED IS TRUE. INITIALS: _____

I do hereby request to be admitted to classes and I fully understand that the instruction, classes and use of any facilities and equipment are physical in nature and as such there is a risk of injury. I accept all such risk for any injury including but not limited to the following: paralysis, head trauma, neck trauma, back trauma, injury to the arm, legs, feet, hands, impaired mental functions, loss or impairment of sight, loss or impairment of hearing, broken bones, internal injuries, genital injuries, dental injuries, lacerations, sprains, disfigurement, infectious diseases such as AIDS, HIV, herpes, hepatitis and others and any other injury that I may incur through my participation in classes, instruction and use of facilities. I further accept all risk of injury that may impair or eliminate my ability to perform gainful employment. I also understand that proper instruction cannot and will not eliminate the risk of injury. Huntsville School of Karate recommends that you undergo a physical examination before undertaking this activity. I understand that my failure to have a physical exam performed may result in a condition causing serious injury or death. I hereby further represent that I have no medical or other condition that would expose me to any type of unusual risk while participating in classes, instruction and use of facilities.

By signing below, I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. I understand the staff will not administer drug or medication without specific written and signed instruction.

I give Huntsville School of Karate permission to transport my children to/from as needed for events and programs. I agree to allow my child to participate in moonwalks. I understand HSOK does not give refunds or credits.

If I am signing this addendum for a minor child I agree that all the terms and conditions contained in the membership agreement and herein shall apply to the child or children enrolled. I understand that Huntsville School of Karate is at no time responsible for the supervision of children. You agree to be responsible for and to supervise your children. You must coordinate who is picking your child up, if their name is not on the list you need to notify instructor beforehand. Children will not be released into the parking lot, parent/guardian must come inside to pick-up/sign out.

By signing below, I hereby release and hold harmless Huntsville School of Karate, its instructors, employees, sub-contractors, agents and assignees harmless from any claim or cause of action resulting from any matter relating to the above points as well as any other injury I(or child) may receive through the classes, instruction, use of the facilities, or any outdoor activities.

I will hereby follow any rules set by Huntsville School of Karate. I understand Huntsville School of Karate reserves the right to refuse service to anyone. A \$1 per minute will be charged for a child picked up late after an event.

I authorize Huntsville School of Karate to use a photograph or other image of my child for public relations purposes connected to any Huntsville School of Karate event or program and future programs. I understand that my child's name will not be published with an image.

Signed _____ Dated ____ / ____ / ____

Name of Parent or Guardian or Adult Student(Please Print)_____