



MARTIAL ARTS PERMISSION FORM

Group Name: Andrews Academy

Date of Class: Summer Field Trip Program 2017

STRANGER DANGER AWARENESS AND SELF-DEFENSE PROGRAM

PLEASE PRINT

Participant's Last Name _____ First Name _____

Birth Date _____ Age _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

WAIVER RELEASE AND INDEMNIFICATION. You (the Buyer and/or Member) understand and agree that you are aware that, under the Membership Plan, you shall be engaging in physical activities, including but not necessarily limited to, training and instruction in the Martial Arts, which necessarily includes physical contact which could cause injury to you (the "Activities"). You are voluntarily participating in these activities and assume all risks of injury which might result. You hereby agree to waive any claims or rights you might otherwise have against the Academy, its affiliates, owners, employees, agents and assigns (collectively the "Releasees") for injury, loss or damages arising out of or relating to the Activities including, but not limited to, those risks which may be associated with or attributed to any negligent act, omission or fault of the Releasees (the "Waived Risks"). You further agree to indemnify, save and hold harmless the Releasees from any claim, loss or damages, including but not limited to their attorneys' fees, to which they may be subjected arising out of, or relating to, this agreement, the Membership Plan, or the Activities including, but not necessarily limited to, the Waived Risks. You further agree to release the Academy from any liability for any loss or theft of personal property.

This contract constitutes the entire and exclusive agreement between the parties. Any promises, representations, understandings and/or agreements pertaining directly or indirectly to this contract which are not contained herein, are hereby waived. No oral changes are binding. Any and all payments are non-refundable. Testing fees are not included in class prices.

I have read and understood this agreement.

World Martial Arts Academy may use the information listed above to contact you regarding special offers and/or activities provided by their facilities. Please initial here if you do not wish to be contacted regarding these special offers: _____

Date: _____, 20____

Parent/Guardian Signature

PRINT Parent/Guardian Name

**World Martial Arts Academy
8002 N. Lindbergh Blvd
Hazelwood, MO 63042
(314) 921-9000**