



Birthday Party Waiver

www.canamkarate.com

905.898.2900

NAME _____

CHILD'S NAME _____

ADDRESS _____

BIRTHDAY _____

CITY _____

HOME PHONE _____

STATE _____

CELL PHONE _____

ZIP CODE _____

Are you interested in training in the Martial Arts? YES NO

If yes, why do you want to learn Martial Arts? Please select up to three below:

- | | | | | |
|---------------|-----------------|---------|------------|-----------------------|
| Self Defense | Self Confidence | Fitness | To Compete | Social activity |
| Reduce Stress | Self Discipline | Fun | Cardio | To learn Martial Arts |

Have you ever done Martial Arts before? YES NO

If yes, when was the last time? _____ Where? _____ For how long? _____

What other activities are you involved in? _____

Do you have any health conditions or injuries we need to be aware of? Please explain: _____

Other, Please explain: _____

ACKNOWLEDGEMENT AND RELEASE FORM

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators, hereby forever release, discharge and hold harmless CanAm Karate representatives and agents for any injury loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Arts Classes, Self Defense Seminars, Birthday Parties, and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of CanAm Karate representatives or agents

If student is under age 18, Please provide complete information below:

Parent/ Guardian Name:

Cell Phone:

CanAm Karate Representative Signature

Attendee Signature

Date

Parent/Guardian Signature (if attendee is under 18 years old)