



## AMA BIRTHDAY PARTY PARTICIPATION WAIVER

**Birthday Party Guest Name:** .....

**Parent or Gaurdian Name:** .....

**Primary Contact Number:** .....

### ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY

The Academy of Martial Arts

In consideration of being allowed to participate (or allowing my child/ward to participate) in programs, classes, and events at The Academy of Martial Arts, I acknowledge and agree that:

- 1.I am the participant or the parent/legal guardian of the participant and have full authority to sign this form.
- 2.I understand that martial arts involves physical activity and carries inherent risks of injury or death.
- 3.I certify that I/my child am physically, mentally, and emotionally fit to participate and will inform the Academy of any changes or relevant medical information.
- 4.I/my child will follow all rules and instructions, and I accept full responsibility for my/my child's personal safety.
- 5.I knowingly and voluntarily assume all risks related to participation, including those arising from negligence.
- 6.I release, waive, and discharge The Academy of Martial Arts, its owners, officers, instructors, staff, sponsors, and property owners from any and all claims, liabilities, damages, or expenses resulting from participation in any activity or event.
- 7.I agree to indemnify and hold harmless all released parties from any claims or costs that may result from my/my child's participation.

By signing below, I confirm that I have read, understood, and agree to the above terms.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_