



## Ignite Martial Arts

### Summer Camp Waiver

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

How did you hear about our summer camps? \_\_\_\_\_

Would you be interested in joining our martial arts program? \_\_\_\_\_

Any medical concerns we should be aware of? \_\_\_\_\_

In consideration for my attendance and participation in the martial arts training offered by Ignite Martial Arts, I, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve Ignite Martial Arts, the management, assigned staff, and fellow students from any liability resulting in loss, whether personal belongings or bodily injury. I also hereby state that I or my child is physically fit to take the prescribed course of instruction and so of my own free will in exchange for an agreed upon fee. I understand there is no refund policy on any money I pay Ignite Martial Arts. Ignite Martial Arts reserves the right to use photographs, videotapes, artwork, or other likeness of the student(s) for training and quality assurance.

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