

Karate

Medical Waiver

My son/daughter is in good health and has my permission to participate in this program. In case of a medical emergency, I authorize all personnel from Dynamic Martial Art Center to seek medical emergency care for my child. I hereby assume all risks and hazards incidental to my child's participation in this program. I release the Director of Dynamic Martial Art Center, and all staff and assistants from any and all claims arising from injury related to program participation.

Child's Name: _____ Child's Class Rm # _____

Parent's Signature: _____ Date: _____

Please return this waiver with your Extended Form