

PARAMOUNT MARTIAL ARTS LLC Waiver Must Be Complete

Event Hold Harmless Agreement

Date: _____

| Participant Name(s) | Birth date(s) | Age |
|---------------------|---------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Address: _____ PO Box: _____

City, State: _____ Zip Code: _____

E-mail: _____ Phone: (hm) _____ (wk) _____ (cell) _____

Parent(s) or Adult name: _____

Name of Event (Kids Night In, Birthday Party ect.) _____.

Does student have any physical problems? _____

Is student HIV positive? (Y) (N) Has A.D.D.? (Y) (N) On medication? (Y) (N)

Hepatitis positive? (Y) (N) Knee problems? (Y) (N) Back problems? (Y) (N)

HOLD HARMLESS AGREEMENT

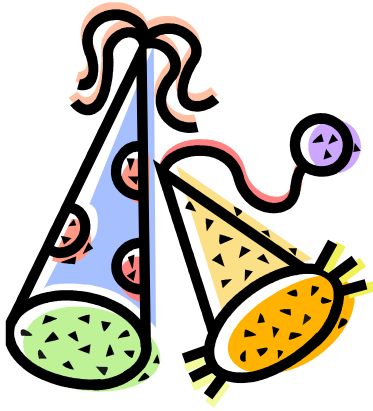
LIABILITY RELEASE & PARENT PERMISSION: The Academy (Paramount Martial Arts LLC) urges you and all students to obtain a physical examination from a doctor before participating in martial arts classes. Participation in classes, competitions, or events shall be at the student's sole risk. Student or Parent understands that the agreement to participate in classes, competitions, or events shall be student's entire responsibility, and the Academy shall not be liable to student for any claims, demands, injuries, damages, or actions arising due to injury to student's person or property arising out of or in connection with the use by student of the services, facilities, and premises of the Academy. Signing this waiver also means that the undersigned/student releases Paramount Martial Arts LLC, the Academy, its officers, owners, agents and employees from any liability in case of injury or death from the instruction at Paramount Martial Arts LLC and holds them harmless from all claims which may be brought against them by student or on student's behalf for any such injuries or claims. We ask if you choose not to continue with us that the uniform you received is returned to us in the new and clean condition it was given to you. If student receives a uniform to take home it is then the property of the student or parent and may not be returned. By signing below, permission is given for participation in classes, events, or activities sponsored by the Academy. All Techniques and Teaching styles are proprietary and signer agrees not to perform or teach others any of our systems. This will serve as a non-compete agreement for a period of 2 years after such time the member leaves the Academy. All photos or likeness taken in the Academy or at Academy events may be used for marketing purposes. If signing for minor (s) I am the parent or legal guardian of the minor (s) named above and I am signing this Waiver/Release on behalf of said minor.

PARENT/GUARDIAN PRINT: _____

Date: _____

PARENT/GUARDIAN SIGNATURE: _____

Date: _____



Please join us at Paramount Martial Arts for a party.....

For: _____

Date: _____

Time: _____

RSVP: _____

Location: 1225 Ruddell Rd SE Suite G Lacey WA 98503

Please fill out waiver on back and bring with you to party