

Kobushi Family Karate Center Liability Release

Students Name: _____

Date: _____

Class Attending: _____

Member (If a minor including their parent or guardian) further acknowledges the existence of some risk of personal injury in participating in said prescribed course of instruction and that they are assuming this risk without liability to **Kobushi Family Karate Center** by executing this agreement and participating in said prescribed course of instruction, Member hereby agrees to release **Kobushi Family Karate Center** its owners, agents, employees, and other members from all liability in said prescribed course of instruction. **You must give us a one month notice if you are stopping. If not you will be responsible for that payment.**

I understand

I have read, understood and agree to all conditions set forth in the above Agreement. In witness thereof, the parties hereto have signed this Agreement of the above date. **Member** acknowledges receipt of this Agreement.

Member:

Print Name: _____

Signature: _____

If Minor:

Parents Name: _____

Signature: _____

I give Kobushi Family Karate Center permission to take pictures of my child for advertising on their Web Site.

Member:

Print Name: _____

Signature: _____

If Minor:

Parents Name: _____

Signature: _____