



ACTIVITY WAIVER

Event Name: _____ Event Date(s): _____ Event Time: _____

PLEASE READ CAREFULLY AND SIGN BELOW. WE WILL BE UNABLE TO ENROLL ANY STUDENT WITHOUT THIS WAIVER.

We are a Martial Arts school. I understand that the above named event will include physical activities and that there is a risk of injury. With my signature, I pledge to waive any claims of injury against Master Lee, any owners, employees, officers, or volunteers. Furthermore, I will not hold Master Lee, his school, it's owner, the landlord, or any of his employees liable for any lost or stolen items; damages arising from personal injury; and/or loss sustained by the student in or about the premises of the school. Should transportation for the event be necessary, I agree to give Master Lee, his employees, or volunteers' permission to proceed as needed to participate fully.

PARTICIPANT NAME (PRINTED)

SIGNATURE
For self or responsible parent or guardian