

# Next Generation Martial Arts Birthday Party!

## Guest Information/Liability Form

Welcome to Next Generation Martial Arts.  
Please fill out the form below so that we may get to know you better.  
If you have any questions please feel free to ask.

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

The undersigned hereby acknowledges the existence of certain risks in this type of training and agrees to assume all risks and responsibility. S/he further relieves Next Generation Martial Arts, assigned instructors and any other person or persons acting on their behalf, of all liability resulting from personal injury or loss of personal property. The undersigned further stipulates that s/he is physically sound and that s/he has medical approval to proceed with this type of training and will provide their own health/accident insurance. The undersigned agrees that this release shall remain in force indefinitely from the date below.

\_\_\_\_\_  
Parent (Print Name)

\_\_\_\_\_  
Parent (Sign Name)

\_\_\_\_\_  
Date

Please list all allergies or medications currently taking, surgeries or other pertinent medical conditions.