

Summer Karate Camp GASSHUKU 2015 by KarateBros

PARTICIPATION APPLICATION & LIABILITY WAIVER

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

STUDENT'S FIRST NAME _____ LAST NAME _____

BIRTH DATE (MM /DD/YYYY) _____

AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT (NAME) _____

RELATIONSHIP _____ EMERGENCY PHONE NUMBER _____

If under 18:

MOTHER'S FIRST NAME _____ LAST NAME _____ CELL _____

FATHER'S FIRST NAME _____ LAST NAME _____ CELL _____

Any injuries, allergies, disabilities?(yes/no) _____

If "YES", please describe very detailed and make sure to notify Sensei in person

Are the water activities allowed? (such as swimming, training in the lake, boating, tubing, water guns games, etc) (yes/no) _____

GASSHUKU PARTICIPATION AGREEMENT

I, (Print Full Name) _____, agree to pay the Summer Camp fees for the training and/or Camping program with the **OKINAWA KARATE LLC** organization. I understand that the fee is not refundable. I will abide by the rules of the Summer Camp and the **OKINAWA KARATE LLC** organization.

RISK AND WAIVER LIABILITY

I consent to the participation of myself or my son / daughter, (Participant's Full Name) _____, in Summer Karate Camp, and I am fully aware that, this even all the activities involved in it can carry with them the possibility of injury to others and to the participant (myself or my son/daughter).

Therefore, in consideration for and as a condition of my acceptance into, or continuance in, the Summer Karate Camp training program of the **OKINAWA KARATE LLC** and its instructors, employees, representatives or agents I hereby agree to personally assume all risk of injury of any nature I (my son/daughter) may suffer in connection with an activity, while on or off the premises of the **CHERRY CREEK STATE PARK (CCSP)**, and further agree to waive and/or relinquish any and all liability of the _____, **OKINAWA KARATE LLC and its instructors**, its management, assistant instructors, or fellow students incurred to me for any and all injuries.

My initials at the end of this statement further indicates that I fully read, understand, accept and agree to this assumption of risk and waiver of liability.

Initials _____

Participant's Signature _____ Date _____

Parent/Guardian Signature (if under 18 years of age) _____ Date _____