



Tiger Kids Martial Arts & Fitness Classes Participant Waiver



NAME: _____ BIRTH DATE: _____ AGE: _____

PHONE: _____ E-Mail: _____

ADDRESS: _____ ZIP: _____

CIRCLE CLASS:

Tiny Tigers

Family Martial Arts

Kung-Fu/Eskrima

Seminar

Summer Camp

LOCATION: _____

I, the undersigned, hereby recognize that the nature of martial arts and physical activities implies there always exists a risk of injury. I hereby release and hold harmless the cities, towns,, school districts, parks & recreation departments, Tiger Kids, Mitch Mayberry, or any agents acting on their behalf or in support of this class from any liability should the named individuals become injured during the course of, or as a result of, this class. I agree that the named individuals will train and exercise in a safe manner, not putting fellow students nor myself at risk or danger.

DATE: ____/____/____

*Signature required to process registration (parent/guardian signature required for minors).