Assumption of the Risk for Minors

Application to Participate in the Trinity Wesleyan Church Karate Program

Name_____**Age**_____

Phone _____e-Mail Address_____

Address_____

City_____**State**_____**Zip**_____

Person to be contacted if an emergency should arise:

_____**Relationship**_____

Phone _____**Cell** _____

I, the undersigned, Parent of _____, hereby acknowledge that I am aware of and fully appreciate the nature of the premises, of the Trinity Wesleyan Church Karate class, of the Physical Activity in which I have requested that my child be allowed to participate in, and the danger of Death or Injury by such participation therein, and I knowingly, deliberately and voluntarily choose to expose my child thereto and I assume all risks therein, and I solemnly Covenant, Contract and agree that, if my child is injured thereby, I have hereby released, or I will, without the tender of payment of any other or further consideration whatsoever, release indemnify, save and hold harmless from liability, whatsoever, any official, Associations, Corporations, Promoter, Instructor, or any one involved in the said Karate Class, and thereby assume full and sole responsibility for death or any injury to my child. I have read the foregoing, or it has been read to me, understand the same, and agree to abide by all rules promulgated and to be promulgated by the Trinity Wesleyan Church Karate Class. I acknowledge that I have the right to refrain my child from performing or participating in any activity associated with this Karate class that I deem unsafe and assume all responsibility for my child's safety.

I, the undersigned, hereby acknowledge that I am aware of the above agreement and that no misrepresentation of the agreement has been made and as the Parent of the applicant, I hereby consent and agree.

_____ _____

Signature of Parent **Date**

_____ _____

Signature of Witness **Date**