

Central Texas Family Karate

The Art of Bainton Bujutsu

AGREEMENT AND RELEASE OF LIABILITY

READ CAREFULLY BEFORE SIGNING

_____(Parent's initials unless student is over 18)

I, _____(Child's name), warrant and represent that I am in good physical condition and that I have no disability or ailment, (including pregnancy) which may prevent me from engaging in weight training, active or passive exercise or that will be detrimental to my health, safety, or physical condition if I engage or participate in such exercise and/or other activities with Central Texas Family Karate, I further warrant that if I have a prior history of disability, impairment, or ailment and engage or participate in such exercise and/or activities at Central Texas Family Karate, I do so at my own risk.

_____(Parent's initials unless student is over 18)

I further acknowledge that physical exercise is a potentially dangerous activity and that I am voluntarily participating in the activities sponsored by Sensei Scott Bainton and Central Texas Family Karate with the knowledge of the dangers involved that include, but are not limited to, soft tissue injuries such as muscle strains and torn ligaments, broken bones, physical exhaustion, over-exertion, falls and physical contact with other participants and associates and users of the facilities. Knowing and appreciating these risks, I hereby agree to accept all risks of injury and death.

_____(Parent's initials unless student is over 18)

I further understand that Central Texas Family Karate does not carry medical insurance and that to do so would make the cost of Central Texas Family Karate prohibitive. I understand and fully agree, that I am responsible for my own medical insurance and health care and realize that martial arts is a **POTENTIALLY DANGEROUS ACTIVITY**. Knowing this I voluntarily agree to participate in martial arts activities sponsored by Central Texas Family Karate. I agree to accept any and all risks of injury related to such martial arts practice and fully understand that I am responsible for my own medical insurance.

_____(Parent's initials unless student is over 18)

Upon registration in this program I do hereby **RELEASE** for myself and my heirs, my executors and administrators, and **WAIVE** any and all rights to claims for damages arising from any illness, injury, or occurrences of aggravation thereof as a result of participating or connection with said programs, the owner, instructors, representatives, or facility, Central Texas Family Karate and/or all persons in the aforementioned employ, and agents of, or persons related there to.

_____(Parent's initials unless student is over 18)

I understand that Central Texas Family Karate is not a daycare facility and is not licensed as such through the Texas Department of Family and Protective Services.

_____(Parent's initials unless student is over 18)

I have carefully read this agreement and fully understand its contents. I am aware this is a release of liability and contract between myself and Central Texas Family Karate. I am also aware that there are **NO REFUNDS FOR ANY PROGRAM** conducted by Central Texas Family Karate. Any photographs or images of my likeness taken for or by Central Texas Family Karate may be used on any promotional or informational literature, web site, advertisement, or display without further consent or restitution. I sign this agreement of my own free will and with all my faculties and this release shall be binding upon my heir, successors, and legal representatives.

_____(Parent's initials unless student is over 18)

Student Name:(print) _____

SIGNATURE(if student is over 18): _____ DATE: _____

I am the parent or guardian of the minor whose name appears above. I consent to the above terms on his/her behalf, and warrant that I have the authority to give consent and understand the content thereof.

SIGNATURE: _____ DATE: _____

Central Texas Family Karate
Medical Emergency Information/ Swimmer Information

Child's Name: _____ Age: _____
Mother's Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Father's Name: _____ Phone: _____
Work Phone: _____ Cell Phone: _____

Emergency Contact(s): _____ Phone: _____

Please list any other medical information (allergies, medications, etc.): _____

Please indicate below your child's swimming ability. (Check one.)

- _____ My child is a non-swimmer. Please restrict to wading areas.
_____ My child is a beginning swimmer. Please restrict to shallow areas.
_____ My child is a good swimmer. They may swim in all areas of the pool.

Other comments: _____

Please provide CTFK with as much information as possible, as these sheets are carried with us on all excursions away from the facility.

Parent Signature: _____ **Date:** _____

NOTE: *Your signature authorizes CTFK to transport your child to and from the facility in any and all CTFK owned vehicles.*

CENTRAL TEXAS FAMILY KARATE
Parental Release and Permission for Administration of Medication

I, _____ parent/legal guardian of
_____ request that the medication(s) be given to my son/daughter
as designated by me on the completed “Daily Medication Log”, during the camp week(s) of
_____ by authorized CTFK personnel.

I also agree to hold Central Texas Family Karate Personnel and the Administrator of Medications harmless
when medication is administered to my child(ren) as specified by me on the “Daily Medication Log.”

Signed: _____ **Date:** _____

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