**JKA WF CHICAGO KARATE INSTITUTE, INC.**  **60, S Broadway, Aurora, IL - 60505**

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# Release of Liability and Responsibility

I do hereby release JKA WF CHICAGO KARATE INSTITUTE, INC. (JKA WF CKI), its employees, agents and/or community volunteers from any and all liability for any condition, mental or physical, or any condition resulting from an accident or event occurring at a course/class presented at the JKA WF CKI Dojo, by JKA WF CKI, its owner, employee, agents or volunteers. I understand that an effort will be made by the instructor and by class participants to observe safety procedures relevant to this course/class during the time this class is in progress. I understand that I should be in good general physical condition to participate in this class.

Date: \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Student Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If participant is under 18 years old)

Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: