



House of Courage Karate

981 E. Parkerville Rd., Cedar Hill, TX 75104
214.773.8213

Birthday Party Waiver

In consideration of being allowed to enter the play area and/or participate in any party and/or program at House of Courage Karate in Cedar Hill, TX the undersigned, on his/hers behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules and verbal instructions as conditons for participation in any party and/or program at House of Courage Karate. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest House of Courage employee or official immediately; I am aware that there are inherent risks associated with participation in House of Courage Karate programs, parties and/or use of the play area and martial arts equipment and I, on behalf myself and the participant(s) named below, knowingly and freely assume all such risks, both known and unknown, including those that may arise out of the negligence of other participants; and, I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless David Skelton, DBA House of Courage Karate, their affiliates, officers, members, agents, employees, other participants and sponsoring agencies from and against any and all claims, injuries and liabilities or damages rising out of or related to our participation in any and all House of Courage Karate programs, activities, parties, the use of the play area and/or martial arts equipment.

Participant Name: _____ **Participant DOB:** _____

Participant Name: _____ **Participant DOB:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____ **Email** _____

I would like to receive information about karate classes: YES _____ **NO** _____