

**YOU'RE INVITED TO A
MARTIAL ARTS CLASS...**

DATE:

GUEST'S NAME:

AGE:

GUEST OF:




AtMartial Arts Institute
of Vcaville

*330 Cernon Street
Vacaville, CA 95688*

707-446-2454
senseipenny@yahoo.com
www.martial-arts-institute-vacaville.biz

"Begin Within"

Visit the MAIV website for more information.
Please sign and bring the attached waiver to class.

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

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In Consideration of being allowed to participate in any party and/or program at MAIV, the undersigned, on his or her 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 conditions for participation in any party and/or program at MAIV. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest MAIV employee or official immediately.

I am aware that there are inherent risks associated with participation in MAIV programs, parties, and/or use of the equipment and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, 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, Martial Arts Institute of Vacaville, CA, its affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all MAIV programs, activities, parties and the use of equipment.

Participant Name:

Participant Name:

Date of Birth:

Date of Birth:

Signature of Parent/Guardian:

Date:

Emergency Contact #:

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