



Central Coast Kenpo Karate



Birthday Waiver Form

Student Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____
Best Phone Number to reach you: _____ Email: _____
Alternate Phone Number: _____

Release of liability & Wavier-I undersigned, hereby make application for the enrollment into the Birthday Party Course at Central Coast Kenpo Karate, Nipomo, Los Osos, California. Student represents that he/she is physically fit to take the described course. I further agree that I shall hold Central Coast Kenpo Karate and all employees, instructors and/or agents of the above harmless from any liabilities arising from instructors and/or participation in any activity on the premises owned or leased by any of the above. Student also waives any rights to any pictures or film taken of him/her during the birthday party, and grants full permission to usage of such pictures in publications and media. I also understand that there are no refunds under any circumstances.

I have read and fully understand the above, and agree with the terms:

Date: _____ 20__ Signature: _____

Print Mother's Name: _____ Print Father's Name: _____
(Or Guardian if student is under the age of 18)

Would you be interested in any of the Following:

Booking your own Karate Birthday Party?

Having your child try 2 classes for FREE and earn her/his Karate white belt for FREE?

