

# Youth Martial Arts Competition Permission Slip

Participant's Name:

Date of Birth:

Parent/Guardian Name:

Phone Number:

Address:

## Event Information

Event Name:

Event Date:

Event Location:

## Permission and Liability Waiver

I, the undersigned parent or legal guardian of the above-named participant, give permission for my child to participate in the martial arts competition named above. I understand that participation in martial arts involves physical activities and inherent risk. I hereby release the organizers, instructors, and facility from any liability for injuries or damages that may occur during the event.

I have read and agree to the terms stated above.

Parent/Guardian Signature: \_\_\_\_\_

Date:

\_\_\_\_\_