

# Minor Athlete Martial Arts Consent and Waiver

Minor Athlete Name

Date of Birth

Parent/Guardian Name

Relation to Athlete

## Consent and Authorization

I, the undersigned parent/legal guardian, hereby consent to allow the above-named minor (‘‘Athlete’’) to participate in martial arts classes, training, and related activities offered by the organization. I understand that martial arts involve physical contact and exertion, and that there are inherent risks of injury involved.

## Waiver and Release of Liability

I hereby waive, release, and discharge the organization, its instructors, staff, representatives, agents, and affiliates from any and all claims, liabilities, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or illness, including death, that may be sustained by the minor during participation in martial arts activities, whether caused by negligence or otherwise, to the fullest extent permitted by law.

## Medical Authorization

In the event of an emergency, I authorize the instructors or staff to obtain medical treatment for the minor. I accept full responsibility for any and all medical expenses incurred.

## Emergency Contact Information

Emergency Contact Name

Emergency Contact Phone

## Additional Notes/Medical Conditions

Parent/Guardian Signature

Date