

Oakmont Martial Arts

Date _____

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact Name _____

Emergency Contact Phone Number(s) _____

NOTICE: Oakmont Martial Arts urges all participants to obtain a physical examination from their physician prior to attendance in any Taekwondo or Protech class or special event, in recognition of the possible dangers connected with any physical activity. Participant(s) hereby knowingly and voluntarily waive any right of cause of action of any kind whatsoever arising as a result of such activity from which liability may or could accrue to the academy, its officers, agents, employees, or instructors.

I have read the above _____ (Signature of Parent or Legal Guardian)

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