



ALPHA MARTIAL ARTS



ALPHA MARTIAL ARTS: Buddy Day Guest Participation Form

BUDDY DAY GUEST PARTICIPATION FORM

Must be completed to participate!

Student Name: _____ Age: _____

Mother's Name: _____ Father's Name: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

HOLD HARMLESS AGREEMENT: I hereby give permission for my child to participate in martial arts or fitness lessons and related activities at Alpha Martial Arts. I understand that participation in all classes and activities, including the use of equipment, shall be at my sole risk. I am fully aware of the risk and danger involved in such activities and that unanticipated and unexpected danger may arise. I waive all claims for injury to my person or for damage, loss or theft to my property arising out of or in connection with the use of this facility and the surrounding premises (including parking area). I assume all liability in the event my guest (or guests or any family member) is injured or sustains any loss. I hereby hold AMA, its officers, owners, agents, employees and guest instructors harmless from all claims which may be brought against them by the student or on student's behalf for any such injuries or claims.

Parent/Guardian Signature: _____ Date: _____

Alpha Martial Arts

AMA BRYANT: 2923 NE Blakeley Street, Seattle, WA 98105 • (206) 528-3737

AMA CAPITOL HILL: 1004 Turner Way E, Seattle, WA 98112 • (206) 528-3737