

# Special Event Waiver and Sign Up Form

## ACADEMY OF MARTIAL ARTS STUDIES

410 E. Sandusky sTreet Suite B Findlay, Ohio USA 45840 (phone 1.419.422.9262)

EVENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ COST: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

State or Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

In consideration of my childs participation in this event, I agree to release, hold harmless and indemnify Ateru Worldwide Association and the Academy of Martial Arts Studies , including Kevin J Cullen, Koehler Brothers, but not limited to, officers, participating members and instructors, all clubs, organizations, and firms of any and all liability for bodily injuries, disease, or ill health, or the aggravation of such, disease, all claims, demands, cost, losses, and expenses, which I, my heirs and personal representatives may have arising out of, or caused in any way by, or having any connection with my participation in school activities, training, contests, and practice, and/or the use of any and/or all facilities and materials owned, leased, or in the care or use, custody, or control of any of the above listed, including traveling to and from martial arts activities. If accepted I agree to abide by the academy's rules, association's rules, regulations and constitution and to contribute to the goals of the Academy of Martial Arts Studies and the AWA organization. PHOTO WAIVER: Also, by signing this I agree that any images moving or static, taken of my child may be used now and in the future for any promotional efforts the Academy may create.

Participant

\_\_\_\_\_ Date \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ (if under 21 years of age)