

## ATHLETIC CONSENT FORM

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

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

Contact information: Phone number or e-mail: \_\_\_\_\_

**Form mandatory for EACH participant.**

### Barongan Martial Arts/ UKKS Seminars

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreational activities and athletic activities. These risks and dangers may be caused by the action, inaction, or negligence of the participant or others. There may be other risks not known or reasonably foreseeable at this time.

I, the undersigned, accept and assume such risks and responsibility for the losses and/or damages following such injury, however, caused, and whether caused in whole or in part by the negligence of the Participant named above.

I have been thoroughly informed and understand the intensity of the given activity. If the above Participant has a temporary restriction (sickness, sprain, or soreness) I will inform the appropriate instructor daily in writing.

Having read the above statement, I am aware of the inherent risk of injury involved in athletic participation.

Finally, I understand that in accepting the risks associated with athletic participation I will also share the responsibility of minimizing those risks.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date