

KICKS*karate* BUDDY DAY GUEST TICKET

BUDDY OF: _____

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

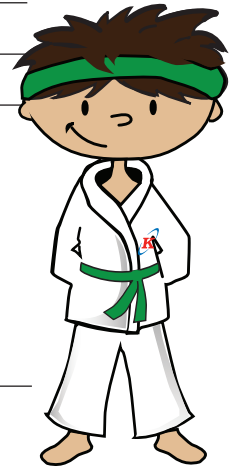
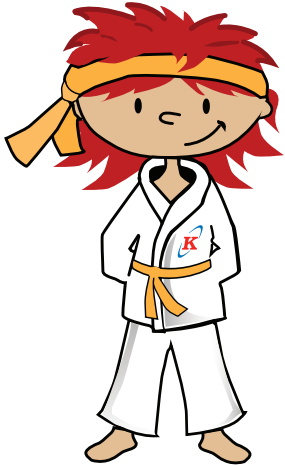
Email Address: _____ Emerg Phone: _____

I represent that I am physically fit to receive instruction and participate in this program and I understand and agree that Kicks Karate, or its owners, will not be held liable for any injuries, damages, etc. not caused by or resulting from the negligence of the owners, operators, or persons in charge of such establishment, and likewise assume full responsibility for all my actions in connection with the martial arts program.

Signature: _____ Date: _____

(Parent or Guardian if under age 18)

Print Name: _____



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