



MEDICAL CONSENT WITH
LIABILITY RELEASE
WOMEN'S SELF-DEFENSE

I fully understand and acknowledge that there are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury, partial and/or total disability, paralysis or even death. _____(initials)

I, the undersigned, certify that I am willingly participating/allowing my child to participate in WOMEN'S SELF-DEFENSE (the Activity) conducted by DOVER DRAGONS (the "Organizer"), and in all events relating to this activity.

I assume all risk of injury or harm to myself/my child associated with the participation in the Activity. I hereby agree not to sue, and release, indemnify, defend and forever discharge the Organizer and its staff (including LOUIS ROBERT KISTNER and TRACY KIM KISTNER, their heirs and kin), agents, and representatives who give recommendations, directions, or instructions, of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or by myself, howsoever caused, arising or to arise by reason of or during the participation of myself in the Activity on any ground upon which the Organizer may be operating.

Signature of Participant/Guardian of Minor

Date

Printed Name

Address

Phone Number

Emergency Contacts

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone/other: _____

Media Release:

Occasionally pictures or movies might be taken of you/your child while participating in Martial Arts activities. I ____ WILL / ____ WILL NOT allow the use of pictures or movies which contain MYSELF/MY CHILD for promotional purposes by DOVER DRAGONS in items including, but not limited to: flyers, pamphlets, instructional videos, internet web site, karate school photo albums and wall hangings.

Signature

Date

Would you like us to contact you with future self-defense classes or Martial Arts Specials?

Yes - Phone number and email _____ No Thanks! _____