

Dodge Ball Participant's Name: \_\_\_\_\_  
Emergency Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Party Host: \_\_\_\_\_

I freely assume all such risks both known and unknown and assume full responsibility for my participation. I hereby for myself and my heirs do hereby fully and forever release, discharge, and agree to hold harmless Homann Karate Do and its instructor Brett Homann and other instructors, and his successors and assigns, the owners and lessees of the premise on which sanctioned by Homann Karate Do, of any and all liability for injury, disability, or death I may sustain by the way of my traveling to or from, participating in, or other direct or indirect involvement in said dodge ball party event I have entered. In addition, I hereby for now and forever, accept any and all responsibilities for any actions in conjunction with said event and the traveling to or from or participation in said event. I agree to fully comply with all the rules. HKD reserves the right to remove me from participation for failing to follow rules, without refund. Finally, I agree to allow, without compensation, the unrestricted use of any photographs, films, or video recording of myself taken during the event for advertisement purposes. I certify that I am the parent or guardian with legal responsibility for the below signed player and agree to his/her release of liability waiver.

Participant's Signature: \_\_\_\_\_  
Parent/Guardian's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

WAIVER OF LIABILITY

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Homann Karate Dō  
**Dodge Ball Party**



**Participant Form**  
Parents please fill out this form and have your child bring this form to the dodge ball party to be allowed to participate.

Phone: (219) 661-0085  
Facebook: Homann Karate Dō  
1245 East North St. Crown Point, IN 46307

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