



Homann Karate Dō

Tradition of Champions

1245 E. North St.
Crown Point, Indiana
(219) 661-0085

Please fill out all information **legibly**.

WAIVER AND RELEASE OF LIABILITY AGREEMENT

I, _____ (as an enrolled student) and

I, _____ (as parent or guardian, if student is a minor)

For myself and my heirs do hereby fully and forever release, discharge, and agree to hold harmless HOMANN KARATE DO and it's 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 and from all liability, loss, claims, and other expenses arising from any lawsuit that may otherwise accrue from all known and unknown losses, damages, or injuries (including death) to my person or property in any way resulting from, or arising in connection with, or relating to, any HOMANN KARATE DO event, and whether arising when engaged in competition or in practice or in preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever, including without limitations the negligence of other persons. I know the risk and danger to myself and property while upon said premises or while participating or assisting in a sanctioned event, and I do so voluntarily and reliance, not upon the property, equipment, facilities, and existing conditions furnished by others, but upon my own judgment and ability, and I thereby assume all risks for loss damage or injury (including death) to myself and my property from any cause whatsoever and whether or not attributable to the negligence of others.

Student Name _____

Please Print

Signature

Address _____

Phone Number _____

Parent/Guardian Name _____

Please Print

Signature

Required if student is a minor.

By law, I give my full consent that I am the legal guardian.

Date of Signature(s) _____