



Homann Karate Do

1245 E. North St. Crown Point, IN

219-661-0085

Homannkaratedo.com

Participant form

Parents please fill out this form and have your child bring this form to the party to be allowed to participate in said party.

Fun



Celebrate



Cake



Nerf War, Dodge Ball, and Karate Parties.



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Participant's Name: _____ Age: _____

Emergency Phone #:(_____) _____ Contact Name: _____

Address: _____ City: _____

Zip Code: _____ Email: _____

Attending (B-day Friend's Name) _____ birthday party.

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 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 the rules, without refund. Finally, I agree to allow, without compensation, the unrestricted use of any photographs, films, or video recording of myself taken during 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.

Disclaimer/Waiver of Liability – Novel/Corona/Covid 19

Participant knows and assumes personal risk of coming in to contact directly or indirectly with individuals who have been exposed to and/or diagnosed with one or more communicable diseases including but not limited to Covid -19 and any of its mutations or other medical conditions and/or diseases. It is impossible for Homann Karate Do and its entities to completely eliminate the risk that participant can become exposed or infected through contact with or within proximity to any individual with a communicable disease. Participant will render Homann Karate Do harmless to any and all claims with respect to any and all personal injury/illness/death regardless of negligence or otherwise.

Participant's Signature: _____

Parent/Guardian Signature: _____

Date: _____

Please circle one: Email, Call, or Text
If you would like us to contact you about **2 Weeks Free of Karate.**
New clients only, one offer per person

Participant's Name: _____ Age: _____

Emergency Phone #:(_____) _____ Contact Name: _____

Address: _____ City: _____

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