

# **Special Events Waiver Form**

*presented by*

**Complete Martial Arts Academy**

295 D.W. Highway / Nashua, N.H. 03060 / 603-888-0010

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KIDS NAME \_\_\_\_\_ AGE \_\_\_\_\_

PHONE# \_\_\_\_\_ D.O.B \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

In consideration of being allowed to enter into this academy and participate in any parties or programs at Complete Martial Arts Academy, the undersigned on his or her own behalf of the minors agree that:

1. I will agree to comply with the rules and terms of this academy.
2. I recognize that CMA Academy reserves the right to dismiss any student at any time for misconduct.
3. I hereby acknowledge the CMA Academy in not responsible for any injury suffered on the premises.
4. I understand also, that I do not have to participate in any activity or training that I feel is not on mine or my child's best interest.

By signing below for my children, me or spouse, I agree to above conditions, should I decide to participate.

Participant Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Emergency Contact if dropping off: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

[www.cma-martialarts.com](http://www.cma-martialarts.com)