

# TOW MOUNTAIN MARTIAL ARTS



## ALL ABOUT YOU

Date \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Contact \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_\_\_ (*name of participant*) does hereby covenant and agree to release and hold harmless the Town of Webb from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in this activity. I understand participation in this program involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition and has no medical or physical condition that would restrict his/her participation in this event. I give permission for any photos that are taken of me in this activity can be used in a variety of media.

**X**

\_\_\_\_\_  
*Participant, parent, or guardian signature*