

GUEST/BUDDY PASS

General Information

Please complete and sign below, then return it to the karate studio.

Date guest is attending:

Guest(s) Name and Age:

Student's name who invited the guest(s):

If guest is under 18: MOM

DAD

Phone#

Email

City

Zip

Please share any other important information you feel we need to know:

Have you or your child ever trained in the Martial Arts before? No Yes

In consideration for my (and or my child's) attendance and participation in any of Starworld Martial Arts Academy's activity.

I, the parent and or participant, acknowledge the existence of certain inherent risks in this type of activity and now agree to assume all risks and relieve the school, its management, and other participants from any liability resulting from loss of property, bodily injury, or illness. I now state that my child or I am physically fit to participate in the prescribed activity course and do so of my own free will.

Parent/Adult Signature _____

Date _____