



SPECIAL EVENT CONSENT FORM AND LIABILITY WAIVER

Name of Event: _____ Date of Event: ____/____/____

1st Participant/Child's Name: _____ Birth Date: ____/____/____

2nd Participant/Child's Name: _____ Birth Date: ____/____/____

3rd Participant/Child's Name: _____ Birth Date: ____/____/____

Parent/Guardian's Name: _____ Phone: _____

Alt. Phone: _____ Email: _____

Address: _____

I, _____, the parent/guardian of a child/children at United Studios of Self Defense Dana Point (Hereinafter known as "USSD Dana Point" or the "Dojo"), agree to the following:

I grant permission for my child(ren), whose name(s) are listed above, to participate in this Dojo event taking place under the guidance and direction of employees and/or volunteers from the Organizer, USSD Dana Point.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant(s).

Medical Matters

I hereby warrant that to the best of my knowledge, my child(ren) are in good health, and I assume all responsibility for the health of my child(ren).

Please Initial: _____

Emergency Medical Treatment

In the event of an emergency, I hereby give the Organizer permission to call 911 for emergency treatment. In the event of an emergency and you are unable to reach me at the above numbers, please contact:

Emergency Contact: _____

Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

I agree on behalf of myself, my child(ren) named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer, its employees, or any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its employees, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____ Relationship To Child(ren): _____