

# You are Invited to come to my Martial Arts Birthday Party

When: \_\_\_\_\_ Time \_\_\_\_\_ Where: LV ATA \*20615 Dawn Dr

Parents must sign and return waiver below for child to be able to participate

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## BIRTHDAY FOR \_\_\_\_\_

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Phone# \_\_\_\_\_ Address \_\_\_\_\_

Medical Concerns \_\_\_\_\_

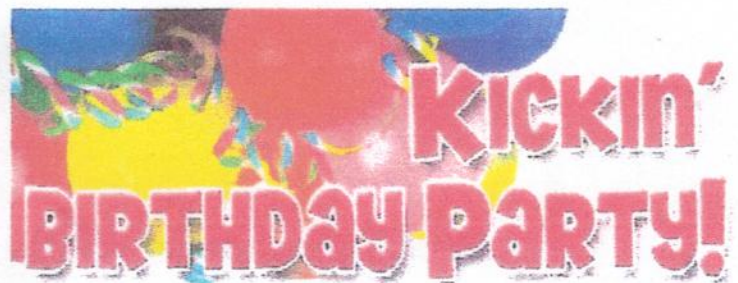
Emergency Contact \_\_\_\_\_

Cell # \_\_\_\_\_ Other# \_\_\_\_\_

In consideration for my attendance and participation in activities offered by Lago Vista ATA Black Belt Academy, I, \_\_\_\_\_, parent acknowledge the existence of certain inherent risk in this type of training and hereby agree to assume all risk. I further relieve the school, its management, assigned staff and fellow students from any liability resulting from loss, whether personal belonging or bodily injury. I also hereby state, that I or my child is physical fit to take the prescribed course of instruction and do so of my own free will in exchange for an agreed upon fee. I understand there is a no refund policy on any monies I pay ATA Black Belt Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Witness \_\_\_\_\_



512-267-0250