



Special Event Guest Participation Form

Participant's Name: _____ Age: _____

Parent's Name: _____

Emergency Contact: _____

Address: _____

City

State

Zip

Phone Number: _____

*Email Address: _____

*Cell Phone: _____

We will never disclose your contact information to a third party.



As part of the agreement in allowing me to participate in this event, I agree that the ATA Martial Arts Wexford LLC (including its officers, employees, agents, event organizers, and any other student), will not be responsible for my safety nor do any of these parties assume any responsibility as a guardian or a fiduciary. This specifically means that no one listed in this paragraph or associated with ATA Martial Arts Wexford LLC will be held liable for any injury, death, or any other damages caused to me or to my family, decedents, heirs or anyone assuming any rights on my behalf, and I specifically waive any claim that I may have against such persons or individuals.

As further consideration and as a basis for allowing me to participate in this ATA Event, I agree to assume any and all risk of harm, and I specifically agree to release the ATA Martial Arts Wexford LLC (including anyone connected with this event) as it relates to any damage, harm, or injury that I might suffer, even if the event causing the damage, harm, or injury was foreseeable or if such damage, harm, or injury was created or caused by the negligent act of the parties I am releasing (this release will not apply to any intentional act). This agreement to hold harmless shall apply to any claim by me or my family, including my estate, heirs, or any personal representatives in the event of my death or any damage, injury, or harm that should occur by my participation in training, related to participation in this event of ATA Martial Arts Wexford LLC.

Witness

Signature (Co-sign if participant is a minor)

Date