



Family Martial Arts Training Center

Birthday / Buddy Week / Special Event Participant

OKKA - Mullica Hill Self Defense Systems of South Jersey



Family Martial Arts Training Center

Date ____/____/____ How did you hear about us? _____

Participant's Name _____ Age ____ DOB ____/____/____

Participant's Name _____ Age ____ DOB ____/____/____

Parent's Name _____ Email _____

Home Address _____ City _____ State ____ ZIP _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

In consideration for my attendance and participation in this facility's martial arts training, private lessons, buddy week, birthday parties, or other special event or training, I, the student and/or parent, or guardian acting on behalf of the student, acknowledge the existence of certain inherent risks in this type of activity/training and hereby agree to assume all risks and liabilities. I further relive the Academy, Self Defense Systems of South Jersey, LLC, its officers, management, staff, instructors, fellow students and families, from any liability resulting from any personal injury or loss of personal belongings in or on the property of this or any other OKKA school. I also hereby state that the participant's named above are physically fit to participate in the prescribed course of instruction and do so of their own free will and for an agreed upon fee. I understand that there is a no refund policy on any monies I will pay this academy. I have read this document, and I understand the content of it. I agree to abide by the terms presented within.

Signature _____

Date ____/____/____