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**BUDDY PERMISSION SLIP
(REQUIRED FOR PARTICIPATION)**

Buddy Name: _____

Phone: _____

Date of Birth: _____

Member's Name: _____

Today's Date _____

Parent's Name: _____

Parent's Signature*: _____

*In consideration for my attendance and participation in this academy's martial arts training, I, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the academy, its management, assigned staff, and fellow students, from any liability resulting from personal injury or loss of personal belongings. I also hereby state that the students named above are physically fit to take the prescribed course of instruction and do so of their own free will.