



Stealth Wars Summer Camp

Ages 6-8 Registration Form

Participant's Name _____

Age _____ Belt Rank (if applicable) _____

Parent/Guardian Name _____

Phone # _____ Email _____

Address _____

JULY 28 30

9AM-11AM

\$20/day

Total Due: _____

Please read and understand that all participants attending the Kids Karate Summer Camp and participating in the activities do so completely at their own risk. The promoters of this camp in no way take responsibility for the safety of the attendees while traveling to, while in attendance, nor in returning from this camp. By signing this registration form, the participant (and in the case of minors) the parents and/or legal guardians do assume all responsibility for any injury or damages that may occur due to one's participation in the camp.

LIABILITY RELEASE

I understand that while I participate in International Black Belt Academy's Kids Karate Summer Camp, I do so at my own risk. I do hereby for myself, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the sponsor of the camp, Kaizen IBBA, any of the instructors, their officers, agents, representatives, successors, and or assigns, for any and all liability, claims, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by negligence. I further waive, release, and forever discharge all claims for damages which may be sustained and suffered by me in connection with my association with or entry in the camp which may arise out of my traveling to, participating in, and returning from said camp. Furthermore, I give consent to receive any necessary medical attention should the need arise and will take responsibility for all payment of medical care and emergency transport charges.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____