

# Birthday Party Permission Slip

Child \_\_\_\_\_ Parent \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Food/Medicine Allergies OR any Health condition we should be aware of: \_\_\_\_\_

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I understand that Charlotte Martial Arts Academy (CMAA) assumes no responsibility for injuries or illnesses, which my child may sustain as a result of her/his participation in birthday parties, day camp, athletic activities, sport programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from her/his participation in these activities. In consideration of the privilege of participating at CMAA, I hereby voluntarily release and discharge CMAA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of her/his participation in these activities. A parent/legal guardian must discuss with CMAA any special conditions or circumstances involving their child.

I hereby give my permission to the medical personnel selected by CMAA to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by CMAA to secure and administer treatment, including hospitalization for my child.

**I understand that no accident or medical insurance is provided with this activity.**

I give permission to CMAA, without limitation or obligation, to use photographs, film footage or tape recordings, which may include my child's image or voice for purposes of promoting or interpreting CMAA programs and release the CMAA from any claim of liability to that use.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian of: \_\_\_\_\_