

Nerf Gun Wars

Saturday February 3rd

I hereby agree to participate in the Family TaeKwon Do and Fitness Center Martial Arts *Nerf Gun Wars* given by Family Tae Kwon Do and Fitness Center.

While every effort will be made on the part of Family TaeKwon Do Center to make this event and facilities as safe as possible, I realize that any physical activity has the potential for injury.

I waive any and all claims of accidental or negligent injury against the Center and its principals, officers, instructors and other participants. I also, acknowledge an assumption of all risks by accepting and agreeing to allow my child/self to participate in this martial arts activity and Nerf gun war.

Date: _____ **Please print neatly.**

Child's Name: _____ **Age:** _____

Parent's Name: _____

Signature (parent or guardian):

X _____

Address: _____

Phone Number: _____

Cell Phone: _____

Email Address: _____

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