Master Reilly's Family Martial Arts, LLC Survival Summer Camp 2022 Registration Form August 8th - 12th Monday - Friday 9:30AM-Noon

WHO'S TEAM ARE YOU ON? SURVIVE LIKE DANIEL!

Name:		12/1	
Address:			
Address			Marin -
Age:Jersey Size:_		Zan	
Please list any food allergies of	or prominent medical in	formation below:	
	V (1)		
		11 miles	
Emergency Contact:			-
Phone Number:			
Name of person picking up yo parent:	our child if other than th	ne A	War of the second
	(San	The last of the la	All III
By signing below you agree to Family Martial Arts, LLC Waive			er Reilly's
Signature (Parent or Guardian	if under 18):	· Vo	-11 MH
Price: \$60 per student. Include Games May Include: Archery,	Capture The Flag, Kick	kball, Pyramid Frisbe	ee, \\\\
Teamsquare, Disc Golf, Camp Shawn Bean for game details!		ia Corner Chaos!/As	SK INSTRUCTOR/

Payment and form due July 9th. No exceptions.

In consideration of being allowed to participate in classes or activities at Master Reilly's Family Martial Art, LLC and or Next Step Therapy (including related events and activities), the parent/ guardian or adult practitioner signing this form acknowledges, appreciates and agrees that the risk of injury from the activities of these programs can be significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe an unusual or significant hazard during my child's presence or participation, I will remove my child from participation and bring such to the attention of the nearest instructor immediately; and, I, for myself and my heirs, assigns, guardians, personal representatives and next of kin, hereby releases and hold harmless Master Reilly's Family Martial Art, LLC, and Next Step Therapy, instructors, employees, and other participants, sponsoring agencies, booster club, and advertisers ("Releases"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. The individual recognizes that regular attendance is important for individual progress and understands that it is the individual's responsibility to attend the classes. The individual understands that during the course of instruction, independent contractors and instructors of the school and/or other authorized personnel will be engaged in a course conducting physical contact, of which he/she gives full consent to such contact as required by activities I UNDERSTAND and AGREE that Master Reilly's Family Martial Arts, LLC, and Next Step Therapy will not be held liable for any injuries, damages or losses NOT caused by or resulting from negligence of the owner(s), operators, or person(s) in charge of the establishment, or their agents, assistants and/or employees. Because of the physical demand of the class instruction, the individual understands he/she must be in good physical condition to participate in the said course, instructions and exercises. To that end, the individual acknowledges he/she is in good health and not suffering from any ailments that would adversely affect that individual, instructor or third parties. Any health concerns must be made known to the staff prior to joining

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in any activity. All above information, along with what I have provi	ded above is true and
accurate to the best of my knowledge for me or for whom I am guardi	an over. I HAVE READ
THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK A	GREEMENT, FULLY
UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVE	EN UP SUBSTANTIAL
RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTA	RILY WITHOUT ANY
INDUCEMENT. By my signature I certify that I, as parent/legal guar	dian for the designated
participant, or I myself, do consent and agree to my/his/h	er release.
Signature	Date