

Lake Region Budokan
103 21st ST N.E.
Devils Lake, ND 58301

Chief Instructor: Rick Senger
(701) 662-2465 or 740-8003



RELEASE FORM LAKE REGION BUDOKAN

Whereas, the Lake Region Budokan,(School of Martial Arts), conducts certain classes on the art of Karate and other related Martial Arts, exercises and whereas the undersigned wishes to receive such instructions and physically participate therein knowing full well of the possible dangers connected therewith; now and therefore, in consideration of granting permission to the undersigned to register in, receive instruction and physically participate in the art of Karate and other related martial arts and exercise,
I(name) _____

being fully aware of the possible danger of injury and or death hereby forever discharge and release the Lake Region School of Martial Arts, its officers, agents, sponsors, employees, and instructors from all action whatsoever, which may now have or cause or may hereafter have or cause, as a result of receiving the above instructions and my physical participation therein, I further state that I have read this release and understand the contents herein and that use of the acquired knowledge is to be used only in a professional and/or self defense capacity.

In witness whereof, I have hereunto set my hand this ____ day
of _____ 20____

Participant signature: _____

Parent/Guardian signature: _____

Witness: _____

Participant Address:
Street _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ Sex: _____ M _____ F

e-mail address: _____

Lrsma--0210

