



Event Permission and Release Form

Your child is invited to attend a Martial Arts Event at Kovar's Satori Academy.
Please complete the following information and give it to the front desk staff.

Your Child's Name Age

Parent's Name

Address

City State Zip

Home Phone E-mail Address

I authorize my child to participate in a Martial Arts Event at Kovar's Satori Academy of Martial Arts. I understand injuries can and do occur and hereby release Kovar's Satori Academy from liability for any injuries or damages occurring while at Kovar's Satori Academy facility or otherwise, except where such injury is caused by the gross negligence of Kovar's Satori Academy or its employees while directly providing service to the student.

In the event of an emergency I authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary at my expense.

SIGNED RELATIONSHIP DATE

KOVAR'S