

Yong In Martial Arts Academy

Sleepover

Student Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home () _____ - _____ Work: () _____ - _____

Name of Guests	Age	Telephone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

LIABILITY RELEASE FORM

I, _____, release Yong In Martial Arts of all liability for injury to myself or my child and their above stated guests. That they may suffer as a result of their participation in Yong In Martial Art sleepover on the above stated date. I have received notice from the school of the risk of injury as a result of such participation, and I and heirs assign waive and hold harmless Yong In Martial Art of all liability for such injury.

Signed: _____

In case of emergency: Name _____

Telephone Number _____