KENKON KYOKUSHINKAI KARATE

Official Dojo Document

Liability Waiver & Release Form

Participant's Name:
Date of Birth:
Address:
City/State/ZIP:
 Assumption of Risk I understand that martial arts training, including but not limited to Kyokushin Karate, involves physical contact, strenuous activity, and inherent risks of injury. I voluntarily assume full responsibility for any risks, injuries, or damages that may occur during my participation.
2. Release of Liability I hereby release, waive, and hold harmless Kenkon Kyokushinkai Karate, its instructors, employees, agents, and affiliates from any and all claims or causes of action arising out of participation in any activities.
3. Medical Authorization I certify that I am physically fit to participate. In the event of injury or medical emergency, I authorize Kenkon Kyokushinkai Karate staff to arrange necessary medical treatment, understanding that I am financially responsible for such services.
Media Release I grant permission for Kenkon Kyokushinkai Karate to use photographs or video for promotional purposes without compensation.
5. Code of Conduct / Anti Bullying Physical fighting, bullying, insults, harassment, or any disrespectful behavior toward students, instructors, or parents is strictly prohibited. Any student who, after a formal warning, violates this rule may be removed from the dojo permanently. Serious incidents, for safety reasons, may be reported to other martial arts schools or relevant organizations.
6. Parent/Guardian Consent (if participant is under 18) As the parent or legal guardian, I consent to my child's participation and agree to the terms of this waiver.
Signature of Participant: Date:
Signature of Parent/Guardian (if under 18): Date:
Emergency Contact Name:Phone:
Address: 27 Franklin Mills Blvd, Philadelphia, PA 19154 Email: kenkonkyokushinkai@gmail.com Phone: 862-246-4222