



# Game & Movie Night

## Permission & Waiver

PLEASE FILL OUT THE ENTIRE TOP OF THE FORM IN BLUE OR BLACK INK!



<b>#1 Participant's Name:</b>		<b>Age:</b>	<b>M / F</b>	<b>Birthday:</b>
<b>#2 Participant's Name:</b>		<b>Age:</b>	<b>M / F</b>	<b>Birthday:</b>
<b>Home City and Zip Code:</b> ■ 84		<b>Phone#</b>		<b>Cell/Alt Phone#</b>

### **LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:**

In consideration for the privilege of participating in the Choson Martial Arts Academy's Game and Movie Night, hence forth called "Game Night," and in further consideration of being accepted to participate, I do hereby acknowledge that my child's participation in the game night, they may suffer bodily injury, illness, contraction of COVID19 or death, and loss of property, and I do hereby for myself, for my heirs, parents, guardians, executors, personal representatives and assigns, release, acquit, waive, forever discharge, hold harmless, and agree to indemnify, Choson Martial Arts Academy, Martial Arts Commission of Utah, the officers of the board and any employees, sponsors of game night and any other persons or organizations connected with the same of and from any and all liability, claims, demands, costs, damages, actions, causes of actions, or suits of any nature or kind whatsoever that I, my heirs, parents, guardians, executors, personal representative, assigns or administrators may now or hereafter have or claim to have, on account of or arising out of personal injuries, death, or damage to my person, my child or property or loss of time, loss or service, or for expense incurred, occurring to me because of or in any way related to my training for, my traveling to, my participating at, and my returning from game night or through the use of any and all facilities connected therewith: provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, or willful or wanton misconduct. Further, I hereby grant permission, including permission to treat without me or my spouse being present, in case of injury to have an athletic trainer and/or doctor residing in the United States to provide me or my child with medical assistance and /or treatment. I certify that I / my child is in good physical condition and have no disease or injury—past or present that would impair my / their performance or physical condition in training for and participating in the game night. I agree to accept all financial obligations incurred because of any medical assistance, treatment, and related expenses, provided in connection with any injuries which I or my child(ren) may receive in the Academy. It is agreed that it is compulsory and mandatory that this liability waiver, release, and indemnification agreement be fully completed as a precedent to this official permission form being accepted, and that the completed liability waiver, release, and indemnification agreement is incorporated by reference as a part of the official permission form. **No refunds are granted!**

### **Student Code of Conduct agreement:**

I agree to follow all rules of the Academy's Game and Movie Night. I further understand that any violation of the Academy rules will result in disciplinary action including, but not limited to time-out or expulsion from Game Night. I Also agree to provide upfront, before I / My child (ren) attend Game and Movie Night a list of Food allergies or injuries that may inhibit their safe participation in Game Night! Please list below.

### **Food allergies / Injuries:**

<b>Parent/Guardian's Signature:</b>	<b>Date:</b>
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### **What to Bring:**

- Large blanket / Towel / Pillow / Pool type inflatable air mattress
- Snacks / food / drink (preferably water)
- A Party attitude for maximum fun!!
- **Permission form & Fee Turned in the Friday before the event!**