



The Sonoma School of Martial Arts

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Name of Student: _____

RELEASE FORM

The following paragraphs are related to the "Releases" listed below. Signing this Release Form by student or parent/guardian specifies consent for **ALL** releases listed.

MEDICAL TREATMENT RELEASE

As student or parent/guardian of the minor listed below, I hereby grant The Sonoma School of Martial Arts' adult staff/supervisors permission to provide and sign for emergency medical treatment for myself or the minor listed while in any program offered by The Sonoma School of Martial Arts.

MEDICAL CONDITION RELEASE

As student or parent/guardian of the minor listed below, I certify that I or the minor listed below are generally healthy and able to participate in martial arts classes. I further certify that neither I nor the minor listed below have any pre-existing conditions that could surface or cause health issues due to martial arts training; if I or the minor do have any pre-existing conditions, a consent from a physician attesting to the appropriateness of such training is required prior to joining any training session.

PUBLIC MEDIA RELEASE

As the student or parent/guardian of the minor listed below, I agree that The Sonoma School of Martial Arts may use my or my child's photograph in any public media format on a non-commercial, program promotion basis without remuneration to me or my child.

GENERAL LIABILITY RELEASE

In consideration of participation in this program, I also agree to indemnify and hold The Sonoma School of Martial Arts harmless, and release The Sonoma School of Martial Arts from any and all liability claims, and necessary costs and expenses for any loss/damage to property or injury from any cause whatsoever regardless of negligence, which may be suffered by individuals registered in this program, arising out of, or in any way connected with participation in this program and/or use of the premises.

Students/Parents Please Initial Below:

_____ I have read and understand the **Release Form** contained herein. I agree to the terms specified in the release statements for: **Medical Treatment, Public Media, Internet, and General Liability.**

Date

Signature of Parent or Guardian

Date

Signature of Student / Participant

Telephone

Email/Address