**YIM’S MARTIAL ARTS CONDITIONS AGREEMENT**

**Program Conditions**

 I grant permission for my child to: Use all program play equipment and materials, participate in all program activities under the supervision of Yim’s Martial Arts staff.

 Please advise staff, IN WRITING, of any prescription medication or special dietary needs to be taken during the day. Medications should be in original container and have specific instructions on dosage.

**Liability Waiver**

 I, the undersigned, on behalf of myself, spouse, and children, do hereby release Yim’s Martial Arts – all its officers and employees – from any liability for any bodily injury and damage to personal property of me and/or my children sustained while participating in programs or classes at Yim’s Martial Arts facilities or those sponsored by Yim’s Martial Arts at other facilities. Including, without limitation, injuries sustained during travel. I am aware of the degree of physical activity that my child and I will be participating in and have received approval to do so by a physician.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_