



2025 Karate Summer Camp

July 28 – August 1 9:00 – 12:00

\$150 before July 1st (\$175 after July 1st)

Name _____ Age _____ T-shirt size _____

Address (if not a WSAMA student) _____

Email address _____

Emergency Contact: Name: _____ Cell # _____

Allergies/Medical Conditions that the instructors should know about : _____

Medical Waiver: I have chosen to allow my child/children to participate in the Jung Sim Do Martial Art, Inc. (JSD) Karate Summer Camp program. I hereby waive any claim I may have at any time against JSD regarding any personal injury or damage he/she/they may suffer or incur by such participation. I have been advised that such participation in JSD's programs may result in: abnormal blood pressure, fainting, disorders of the heartbeat, rare instances of heart attack, broken bones and tissue and muscle tearing. I hereby accept these risks. To my knowledge, my child/children do not have any limited physical condition or disability that would preclude participation in JSD's Karate Summer Camp. I certify that I have fully and accurately completed this form and disclosed any such limiting physical condition or disability. I have been informed that it is advisable to obtain a physician's approval for participation in a physical program. I fully understand the strenuous nature of the program. I accept the complete responsibility for my child's/children's health and well-being in this voluntary exercise/martial arts program. I understand that no responsibility is assumed by JSD or the leaders of the program. I hereby acknowledge that Jung Sim Do Martial Art, Inc. is not responsible for any injuries suffered while on these premises.

COVID Waiver: I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Jung Sim Do Martial Art, Inc (JSD). has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19 but cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, academy staff, and other academy clients and their families. I voluntarily enroll my child/children in JSD Karate Summer Camp and acknowledge that I am increasing their risk to exposure to the Coronavirus/COVID-19. I acknowledge that he/she/they must comply with all set procedures to reduce the spread. I attest that my child is not experiencing any symptom of illness, has not traveled internationally or to a highly impacted area within the USA within the last 14 days, has not been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19, has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

General Release: I hereby release and agree to hold Jung Sim Do Martial Art, Inc. harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the academy, or that may otherwise arise in any way in connection with any services received from JSD. I understand that this release discharges JSD from any liability or claim that I, my heirs, or any personal representatives may have against the academy with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from JSD. This liability waiver and release extends to the academy together with all owners, partners, instructors, and employees.

Media Release: Please select one of the following:

- I do NOT give permission for WSAMA to use my child's/children's pictures nor names in any form of media postings.
- I give permission for WSAMA to use my child's/children's pictures for media postings.
- I give permission for WSAMA to use my child's/children's names for media postings.

By signing below, I agree to the Medical Waiver, COVID waiver, general release and media release listed above:

Signature of parent or guardian

Date