

Name: _____

DOB (if under 18): _____

Name: _____

DOB (if under 18): _____

Name: _____

DOB (if under 18): _____

Name: _____

DOB (if under 18): _____

Address: _____

If under 18, parents/guardian's name: _____

Home phone: _____ Email Address: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact Name & Phone: _____

Monday

Wednesday

Friday

This is to certify that I, as a participant or as the parent or guardian with legal responsibility for this participant, do hereby certify that I have read and understand this waiver, hold harmless agreement and release of liability, and consent and agree to his or her release set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify, and hold harmless the Town of Oxford and its agents, servants, or employees, including any independent instructors of the IMA Oxford Karate Program run through Oxford Park & recreation from any and all claims suits or demands by anyone arising from said participant's use of Town of Oxford Facilities and equipment including claims of negligence on the part of the Town of Oxford and its agents, servants, or employees, including any independent instructors of the IMA Oxford Karate Program run through Oxford Park & recreation.

signature of participant or parent/guardian

date