

# Summer Camp Waiver and Agreement

## PARTICIPANT AND PARENT INFORMATION

Camper name(s): \_\_\_\_\_

Camp week(s): \_\_\_\_\_

Camper date(s) of birth: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Home address:  
\_\_\_\_\_  
\_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT AND AUTHORIZED PICKUP

Emergency contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Children are released only to the parent/guardian above and those listed here (photo ID may be required):

Authorized pickup 1: \_\_\_\_\_

Authorized pickup 2: \_\_\_\_\_

## MEDICAL INFORMATION

Allergies (food, meds, other): \_\_\_\_\_

Current medications: \_\_\_\_\_

Conditions staff should know about (asthma, seizures, etc.): \_\_\_\_\_

## AGREEMENT

**1. Assumption of Risk.** I understand that martial arts training and camp activities at Top Martial Arts Suwanee (instruction and partner drills, physical contact, sparring where age appropriate, conditioning, games and sports, water activities where offered, and off-site field trips and the transportation to and from them) involve inherent risk of injury ranging from minor to serious and, in rare cases, catastrophic. I voluntarily enroll my child knowing and accepting these risks.

**2. Activity-Specific Consent and Release.** I specifically consent to and release Top Martial Arts Suwanee from liability for my child's participation in, and any injury arising from: **(a) Martial arts training**, including physical contact, partner drills, and sparring where age appropriate; and **(b) Off-site field trips**, including transportation to and from those trips by TMA staff or arranged vehicles. I understand these activities carry added risk and I authorize my child to take part in both, except for injury arising from TMA's gross negligence or willful misconduct.

Martial arts training - parent initials: \_\_\_\_\_ Field trips and transportation - parent initials: \_\_\_\_\_

**3. Release and Indemnification (my own claims).** On my own behalf, I release, hold harmless, and (to the extent Georgia law permits) indemnify TMA, its owners, instructors, staff, and volunteers from any claims I personally may have arising out of my child's participation, except claims arising from gross negligence or willful misconduct. This applies to my own claims and does not waive my child's independent legal rights.

**4. Medical Authorization.** If my child is injured or ill, I authorize TMA staff to give basic first aid and, if I cannot be reached, to seek emergency medical treatment including transport to a medical facility, at my expense. I have disclosed above all known conditions, allergies, and medications relevant to my child's safe participation.

**5. Photo and Media Release.** I permit TMA to photograph and record my child during camp and use those images for promotion, including social media and advertising, without compensation.   
Check here if you do NOT consent (your child still fully participates).

**6. Code of Conduct.** Campers follow staff instructions and treat others with respect. TMA may remove a child for behavior that endangers others, without refund for the remaining time.

## ACKNOWLEDGMENT AND SIGNATURE

I have read and understand this Waiver and Agreement and sign it freely. I am the parent or legal guardian of the child(ren) named above, and the information I provided is accurate.

Parent/guardian signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_