

DIETRICH KARATE STUDIO

TRANSPORTATION PERMISSION FORM

I hereby grant permission for _____ to leave the premises of Dietrich Karate Studio under the supervision of staff members and/ or authorized parent volunteers.

I hereby agree to provide the necessary car seat restraint, as required by law, if Dietrich Karate so requests.

I hereby grant permission for my child to use any and all of the equipment and/or participate in any or all of the activities planned for and appropriate at the site of the field trip. I will inform Dietrich Karate Studio of any allergies and/or current medication usage which may influence my child's participation.

I understand that Dietrich Karate Studio, the Parent-Driver, the Program, the Director, and all authorized personnel representing Dietrich Karate Studio will take all necessary precautions to assure my child's safety, and I absolve them of all responsibility for accidents beyond their control.

I give permission for my child to be given emergency treatment should the need arise and agree to pay for such treatment if it is not covered by insurance.

I understand that failure to complete this permission form and file it with Dietrich Karate Studio precludes my child's participation in all activities.

Waiver: *(Parent) Student acknowledges that martial arts and Dietrich Karate activities involve physical contact and other activity which may cause injury to (his/her child) student while participating, whether (the child) student is participating in Dietrich Karate Studio or elsewhere (including other locations operating under the trade name of Dietrich Karate) including tournaments. (Parent) Student hereby assumes all risks of physical and mental injury (to his/her child) and waives any and all claims and/or causes of action against Dietrich Karate Studios, it's officers, agents, employees, and/or insurance carriers for any physical or mental injury of whatever nature. However, should any liability be imposed upon the aforementioned entities of persons, notwithstanding such waiver and release, it is expressly agreed that the amount of liability shall be limited to the monetary value of the Program purchased or \$2000.00, whichever is greater. Furthermore, (Parent) Student waives any and all claims, whether in tort, contract or otherwise, against Michael Dietrich, Amber Brown, Alexander Stepanyan, Andrea Smith, Kary Bennett, or any employee of Dietrich Karate Studios in their individual capacity. Parent/Student hereby represents that [his/her Child] Student is physically and mentally fit to participate in martial arts and represents that [the child] Student has had and passed a complete physical examination by a licensed physician within the the past twelve (12) months from the date of agreement. [Parent] Student also represents that he/she will maintain health insurance coverage throughout the term of the program [for his/her child]. This agreement shall be construed in accordance with the law of the Commonwealth of Virginia. The General and/or Circuit Courts of Fairfax County shall have exclusive jurisdiction over any litigation between the parties.*

PARENT'S SIGNATURE

DATE

Hospitalization Policy No. _____

Primary Insurance Name _____