



KICK IT UP A NOTCH!

YOU'RE INVITED TO A BIRTHDAY PARTY AT NATIONAL KARATE!

FOR: _____

DATE: _____ TIME: _____

R.S.V.P. To: _____

WHERE: **NATIONAL KARATE SCHOOL**

PARTY LOCATION

- ☐ **AURORA:** 1649 MONTGOMERY RD. STE. #11 • (630) 585-1700
- ☐ **BARTLETT:** 365 S. PROSPECT • (630) 289-7777
- ☐ **BLOOMINGDALE:** 660 W. LAKE ST. • (630) 582-4141
- ☐ **ELK GROVE:** 802 E. NERGE RD. • (630) 539-9969
- ☐ **SOUTH ELGIN:** 1272 W. SPRING ST. • (847) 741-NKNK

 WWW.NATIONALKARATE.COM 



Remember to bring this signed waiver to the party, so that you can participate in the Karate class.



Party Guest's Name: _____ Birthdate: _____

Email: _____

Address: _____ City: _____ Zip: _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION:

"I acknowledge that there are certain risks of physical injury to participants in sports or in activities involving heights or motion including, but not limited to, martial arts. I agree to assume full risk of any such injuries, damages, or loss and relinquish all claims that I, or my child, may have against Martial Arts Services, LLC or WCNK, Inc. (d/b/a National Karate Schools), its officers, agents, servants, employees and volunteers, as a result of participating in birthday party activities."

I have carefully read and understand the Acknowledgement of Risk and Waiver of Liability and understand that my signature is required below in order for my child to participate in the birthday party Karate class.

Parent/Guardian Signature: _____ Date: _____

Print Your Name: _____ Phone Number: _____

www.NationalKarate.com