

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





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

For:

DATE: R.S.V.P. To:

WHERE: NATIONAL KARATE SCHOOL

PARTY LOCATION

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Print Your Name:

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



Party Guest's Name :Email:		
Address:	City:	Zip:
ACKNOWLEGEMENT 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:	
Remember to bring this signed waiver to the party, so that you can participate in the Karate class.  **Ponder: Choice Daily Herald**		
Remember to bring this so that you can particip	pate in the Karate class.	* Readers' Choice * Daily Herald *
Remember to bring this so that you can participe so that you can participe Party Guest's Name:	pate in the Karate class.	* Readers' Choice * Daily Herald *
Remember to bring this so that you can particip	pate in the Karate class.	Daily Herald*
Remember to bring this so that you can participate to bring this so that	Birth City:  LITY, MEDICAL AUTHORIZATING Injury to participants in sports arts. I agree to assume full risk or child, may have against Marts, agents, servants, employeestern of Risk and Waiver of Lie	ndate:  Zip:  TION: or in activities involving of any such injuries, tial Arts Services, LLC or es and volunteers, as a diability and understand