

**WAIVER FOR GUESTS or MEMBERS  
PARTICIPATING IN CLASS or EVENT**

**Pacific Martial Arts Federation USA, Inc. (aka PMA)**

Mail: 1010 University Ave #264 San Diego, Ca 92103

I, as a parent signing for my son or daughter

(Children's names) \_\_\_\_\_  
(or as an adult signing for myself) agree for my child/children (or myself) to participate in a trial karate class, series of classes, birthday party, camp, or other event of the Pacific Martial Arts (PMA). I affirm that my child (or I) is (am) in good physical condition & health, and further agree that I enter into this course of instruction freely & voluntarily. I understand that said instruction involves physical contact & that there is a possibility of physical injury associated with said instruction. I assume the risk of any such physical injury and agree that no action may be taken on account of any said injury against PMA, and the PMA assignees, and the PMA officers, and its instructors and employees, except in the event of gross negligence on the part of said school. This waiver remains in force for any future classes or events at Pacific Martial Arts.

*All highlighted fields required: (Information is kept private!)*

Parent (or adult) Signature: X \_\_\_\_\_

Parent Name: \_\_\_\_\_ (if guest is a minor)

E-mail: \_\_\_\_\_

Class/event date \_\_\_\_\_ Child's birth-date \_\_\_\_\_

Emergency phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

How you heard about PMA? \_\_\_\_\_

**Please feel free to come and observe the class or to call and ask questions.**

**THANK YOU!**  
**Pacific Martial Arts**  
**(858) 481-5539 or (619) 299-8361**  
[www.pmakarate.com](http://www.pmakarate.com)

Del Mar: 11855 Sorrento Valley Rd. (92121)  
Old Town: 2266 San Diego Ave. (92110)

<p><b>KARATE JIU JITSU</b></p> <p><b>BIRTHDAY PARTIES TEAM WORKSHOPS SUMMER CAMPS SELF-DEFENSE YOGA</b></p> <p><b>CHILDREN 4-5, 6-8, 9-12 TEENS, ADULTS</b></p>
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