



## Guest Information

Name:   
Last First

Child 1:  Age:  Birthdate:  /  /

Child 2:  Age:  Birthdate:  /  /

Address:

City:  St:  Zip:

Home Phone:  Work Phone:  Cell:

E-mail Address:

*In consideration for my attendance and participation in this activity, I, the student/parent, acknowledge the existence of certain inherent risks and hereby agree to assume all risks. I further relieve the academy, its management, assigned staff, and fellow students, from any liability resulting from personal injury or loss of personal belongings. I also hereby state that the student named above is physically fit to take the prescribed course of instruction and do so of their own free will*

Signature \_\_\_\_\_ Date \_\_\_\_\_