

Norman
Yonkers'

Karate Connection



Mixed Martial Arts Academy, LLC



Fredonia - Pomfret Recreation Department
Summer Karate Program

Participant Name _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian (print) _____

Please Read and Sign Below

In consideration of the privilege of participating in this recreation program of the Fredonia-Pomfret Recreation Department, I HEREBY RELEASE NORMAN YONKERS' KARATE CONNECTION MMA, LLC, AND ANY ASSOCIATES FROM ANY AND ALL LIABILITY RESULTING FROM ANY ACCIDENT THAT MIGHT OCCUR. I HEREBY STATE THAT THE APPLICANT NAMED HEREON DOES NOT HAVE A PHYSICAL DISABILITY OR CONDITION THAT COULD ENDANGER HIS OR HER HEALTH AS A RESULT OF PARTICIPATION IN THIS ACTIVITY. The applicant agrees to follow all rules set up by Norman Yonkers' Karate Connection MMA, LLC and the recreation department of the village of Fredonia and town of Pomfret, New York, applicable to this activity.

Parent/Guardian Signature _____

Date _____