



Middleburg Martial Arts  
2360 Blanding Blvd.  
Middleburg, FL 32068  
904-291-1335  
[MiddleburgMartialArts.com](http://MiddleburgMartialArts.com)

## Permission Slip

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Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Liability & Waiver

I agree to waive all claims against any and all persons of Middleburg Martial Arts and their officers and agents, including their instructors and/or fellow students, for any injuries I may sustain related to said classes. I also assume full responsibility for all my actions in connection with said classes. I understand that Middleburg Martial Arts may use any pictures of me participating in said classes for publicity without compensation. Furthermore, I also consent that all Middleburg Martial Arts instructors may obtain medical care for my child or myself if they deem necessary.

\_\_\_\_\_  
Student Signature  
If over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature/Legal Guardian