

PERMISSION & RELEASE FORM • Must be filled out entirely to participate

I, as a parent or legal guardian give permission for my minor child to participate in the games, events and classes at Club MMA, LLC. Should injury occur, I hereby release Club MMA from any and all liability from possible injury, which may result. I, as a parent or legal guardian give permission for my minor child to be photographed and/or videographed by Club MMA, LLC. I give permission for my child's photograph and/or video to be published and used as a school promotional tool or other uses deemed by Club MMA, LLC.

I have read and understand the above and RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Club MMA, LLC.

Minor Name: _____

Guardian Name : _____

Signature: _____ Date: _____

Address: _____ City, State: _____ Zip: _____

Phone Number: _____ Email: _____

**3285 Westbourne Drive
Cincinnati, Ohio 45248**

CLUBMMA
Mixed Martial Arts & Fitness