



FREE TRIAL CLASS COUPON

To Redeem, complete and return to your School/Daycare Center
(Limited Offer-One Coupon per Participant per year)

PARTICIPANT NAME: _____ AGE: _____

SCHOOL/DAYCARE: _____ GRADE: _____ SEX: Male Female

DAYTIME PHONE#: _____ EVENING PHONE#: _____ CELL PHONE#: _____

CLASS DATE DESIRED: ____/____/____ (Check with your School/Daycare for Karate Class Day/Time/Procedures/Assigned Class Location)

By signing this form, the Participant/Parent/Guardian agrees to release and discharge, and hereby covenants not to sue Mark Pinner, Mark Pinner Karate Clubs, Instructors, Members, Agents or Assigns, for any losses, injuries, damages, liability claims, and demands, for any and all reasons, including negligence.

PARENT/GUARDIAN SIGNATURE: _____ DATE SIGNED: ____/____/____

PRINTED NAME OF PARENT/GUARDIAN: _____

Not sure if Karate is right for your child? Meet our Instructor, try our Class for FREE and then decide!