



**NEWMAN UNIVERSITY**

Judo Class Waiver

I, the undersigned, voluntarily agree to participate in the Newman University Judo Class. In consideration for that opportunity I hereby agree to abide by the rules and regulations of Newman University, the Judo Class Instructors, and the reasonable directives of university employees.

Participation in this sport activity carries with it certain inherent risks of injury residing outside the control of Instructors. The undersigned assume the responsibility for all such risks and agree to waive any and all legal claims against the Class Instructors, Newman University, and its employees arising from participation.

I understand Newman University does not provide insurance for the Judo Class or its participants. The university does recommend, however, that each participant have current medical insurance coverage. As a Judo Class participant I agree to waive all potential legal claims and damages that may result from taking part in the activity, except to the extent such claims may be brought under the Kansas Tort Claims Act (K.S.A. 75-6101, et seq.). I further acknowledge this waiver and release have been entered into knowingly and voluntarily and that my signature below has not been obtained under duress or by coercion.

**Student:**

Student's Printed Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

High School \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**Parent:**

Parent/Legal Guardian's Printed Name \_\_\_\_\_

E-mail Address and Telephone # \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Person and Phone # \_\_\_\_\_ - \_\_\_\_\_

Insurance Company \_\_\_\_\_

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

**CATHOLIC DIOCESE OF WICHITA  
PARENTAL PERMISSION FORM**

**ACTIVITY PERMISSION**

I (We), the parent(s)/guardian(s) of \_\_\_\_\_, request that my (our) child be allowed to participate in the following activity, and do hereby grant permission for the child named above to participate in this activity:

Name of event: S.T.A.Y. Judo Night  
Location of event: Newman University, meet at St. Thomas  
Time frame of event: November 27<sup>th</sup>, 6:30-8:30 pm  
Cost: Free

Transportation to this event will be provided by (check one):

- Charter bus  
 Parish adult chaperones using private or rental vehicles  
 Individuals must provide their own transportation

\_\_\_\_\_  
Signature of parent/guardian                      Date                      Printed name of parent/guardian                      Phone #

**OVER ✦**