

PARENTAL PERMISSION FORM
PHIẾU CHO PHÉP CON EM THAM DỰ

Camp: San Luis Reservoir, California From: August 18 to: August 20, 2006.
Start at: at PM On: Friday August 18th.
Return at: atPM on: Sunday August 20th.

Last and First name:.....
Address:.....Apt :.....
City:....., CA, Zip Code.....
Day time telephone:Night time telephone:.....
Fax :..... E-mail.....
Health Insurance Company :.....Policy #.....
In case of emergency please call :..... Phone:

Waiver and Release:

I, freely choose to join in the group of Hung Dao Martial Arts Academy going to San Luis Reservoir Camp. I, on behalf of myself, my heirs, assigns, executors and personal representatives, release, hold harmless and discharge forever the Vovinam Viet Vo Dao, Hung Dao Martial Arts Academy, their staffs and their officers, leaders, chaperons, sponsors, agents, promoters, and affiliates from any and all liability, claim, loss, damage, cost or expense and waive any claims against any such person or organization arising directly or indirectly from and attributable in any legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization and services relating to these events. I pledge obedience to all the rules of the group.

Signature of participant:..... Date:

In case of emergency, I, the parent of the above mentioned child, give the permission to any hospital or to any physician selected by the chaperon to render medical treatment deemed necessary and appropriate. Any resulting hospital, medical or related costs and expenses will first be paid by the medical insurance or benefit plan of my spouse or mine.

I also agree with the above pledge of my child.

Last and First of the parents:

Signature of the parents: Date: