



Ryu Shu Kan: Japanese Arts Center

1256 Waverly Ave., Farmingville, NY 11738

631-698-2467 www.ryushukan.com



WAIVER FOR: TEEN SELF-DEFENSE PROGRAM at: Port Jefferson Library, Saturday, July 26, 2025, 2:00-3:00 PM

NAME: _____ D.O.B / / Age: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

WAIVER Disclaimer:

I, _____ (Parent/Guardian) give my permission for my child to participate in the Self-Defense program conducted by the Ryu Shu Kan Instructors; and agree to waive any legal or medical action against the 698 Chop Corp. d/b/a: the Ryu Shu Kan, and its instructors, both personally, and in the professional setting of the program; for any injury that may occur during the Self-Defense classes.

Both my Child: _____, and I understand that the Self-Defense techniques being taught require controlled contact with a partner for the purpose of learning how to defend against punches, kicks, grabs, take-downs, throws, and any other type of aggressive action towards my child in the self-defense scenarios practiced in class.

I certify that my child has no physical or medical conditions which would prevent them from participating in such activities; has no symptoms of covid, as they will be touching and grabbing their partners; and has had their child read the above conditions of the Self-Defense classes they will be under-taking.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Child's Signature: _____ Date: _____