

# 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: \_\_\_\_\_

**Club MMA Campbell County**  
**1803 Alexandria Pike**  
**Highland Heights, KY 40176**

**CLUBMMA**