





Mr. Scott Hill and his Assistant Instructors will be bringing a BUCKET-O-FUN  to South Lebanon Elementary! Come out and join in the punching and kicking drills, skill centered games, fun filled forms, and secrets of the  !!!!!!!!!!!!! All to help encourage the strong self discipline and self confidence of the Kings Knights.

Classes will begin Friday February 22nd at the Elementary School in the gym from 3:25 pm-4:05 pm and continue for the next 3 Friday's (4 in all). The 5<sup>th</sup> class will be held at Hill's Martial Arts. There is no need for special equipment or clothing, just a great attitude and a smile on your face! 😊. The total tuition for the classes will be \$20 per student, with 100% of the proceeds collected going to the PTO. So please make payments payable to SLE PTO.

To sign up, just go to our website and click on the "ASEP Forms" tab and complete the forms for your school. Then return them via email to [hillsafterschool@gmail.com](mailto:hillsafterschool@gmail.com), drop them at the dojo located at 48 W. Foster Maineville Rd, or return them to school and we will pick them up there. If you should have any questions, feel free to email us at [hillsafterschool@gmail.com](mailto:hillsafterschool@gmail.com).

Martial Arts is  
not a sport, but a  
way of life.

Supporting the  
Kings Local  
Community!!!

**PERMISSION SLIP FOR HILL'S MARTIAL ARTS**

February 22-March 15th

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My child: \_\_\_\_\_

In Mr./Ms./Mrs. : \_\_\_\_\_ class Grade: \_\_\_\_\_

Has my: \_\_\_\_\_ permission  
Parent/Guardian Name

to stay after school every Friday beginning February 22 through March 15th to attend the Hill's Martial Arts after school enrichment program.

I give permission for my child to be released to Scott Hill at the end of the day.

All students staying for Hill's Martial Arts will report to the gym when the office calls for car riders. These students will sit together as a group. Mr. Hill will take attendance of the students then will sign them out with SLE staff members in the gym.

If there is a day that your child WILL NOT stay for Hill's Martial Arts you are required to send a note on that day notifying the staff at SLE of the change.

Parent Signature is required. Please sign and date below. Upon receipt of this form we will add your child to the pick-up list every Friday as stated above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

# Hill's Martial Arts, LLC

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*Thank you for choosing Hill's Martial Arts, LLC. To ensure that we can meet and serve your needs please complete the following questionnaire*

Student Name: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Legal Guardian(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Activities, Hobbies or Special Interests: \_\_\_\_\_

How did you hear about our School? \_\_\_\_\_

If you were referred, who referred you? \_\_\_\_\_

Circle the benefits that you, or your child, would like to experience from martial arts training:

More Energy    Muscular Control    Athletic Skill    Better Concentration    Weight Control

Self-Discipline    Self-Control    Fun    Better Mental Attitude    Physical Conditioning

Better Grades    Temper Control    Self-Defense    Other \_\_\_\_\_

Does the student have any special needs that we need to be aware of?

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Do you have any additional questions or comments? \_\_\_\_\_

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# Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Martial Arts Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below martial arts activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that:
  - a. There are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
  - b. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
  - c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
  - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the martial arts facility used by the participant, including it owners, managers, promoters, lessees of premises used to conduct the martial arts event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the martial arts facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purpose herein referred to as "Releasee"...From all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next to kin For any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the events(s) caused alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. I/We HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partners(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite the release, the participant makes a claim against any of the Releasees, the parents(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf , and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Martial Arts School Hill's Martial Arts, LLC

Student/Participant Signature \_\_\_\_\_

Parent or Guardian Signature (if minor) \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

Received by \_\_\_\_\_ Alisa Hill \_\_\_\_\_  
*Registrar Signature* *Printed Name* *Date*