





Mr. Scott Hill and his Assistant Instructors will be bringing a BUCKET-O-FUN  to Salem Township 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 Little Miami Panthers.

Classes will begin Wednesday September 5th at the Elementary School in the gym from 4:00 pm-4:40 pm and continue for the next 3 Wednesday's (4 in all). The 5th 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. Please make all check payable to Salem PTO.

To sign up, go to our website, keepkicking2.com to print the packet from the "ASEP" tab and return them via email to hillsafterschool@gmail.com or drop them by the dojo (48 W. Foster Maineville Rd Maineville, OH 45039). Please be sure to include your child's teacher's name for the roster. If you should have any questions, feel free to call the dojo at 774-0500, like us on Facebook and send us a message, or email to hillsafterschool@gmail.com.

SUPPORTING THE LITTLE
MIAMI COMMUNITY
FOR 11 YEARS!!

SALEM TOWNSHIP ELEMENTARY SCHOOL

605 Welch Rd Morrow, OH 45152

PERMISSION SLIP FOR HILL'S MARTIAL ARTS

Wednesday September 5- September 26

My child: _____

In Mr./Ms./Mrs. : _____ class Grade: _____

Has my: _____ permission
Parent/Guardian Name

to stay after school every Wednesday beginning September 5th through September 26th 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 Salem Township Elementary 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 Salem Township Elementary 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 Wednesday as stated above.

Parent Signature: _____ Date: _____

Parent Phone Number: _____

Parent Email: _____

Hill's Martial Arts, LLC

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? _____

Do you have any additional questions or comments? _____

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