

# Taekwondo Martial Arts Class Waiver and Release of Liability

(read before signing)

Name: \_\_\_\_\_

LAST

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FIRST

In consideration of being allowed to participate in the Martial Arts Classes, the undersigning acknowledges, appreciates and agrees that:

1. The risk of injury from this activity involved in this program is significant, including the potential permanent paralysis and death, while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or other, and assume full responsibility for my participation; and
3. I willingly agree to comply with THE stated customary terms and conditions for participation. If however, I observe any unusually significant hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the Martial Arts Instructor, and the Administration or other employees of current location in which the class is taking place (All Shores Wesleyan Church, First Baptist Church of Spring Lake, Spring Lake District Library, or other location) immediately, and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and any next of kin, HEREBY RELEASE AND HOLD HARMLESS the entity of location where class is held (All Shores Wesleyan, First Baptist Church of Spring Lake, Spring Lake District Library, etc), their officers, officials, agents, employees, other participants, sponsoring agents, sponsors, advertisers, owners (if applicable), lessors of premises, Instructors (Matt Tucker, D. Scott Domont, Andrew Hubbard, or any others instructing class), ('releases') WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss / damage to personal property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, and
5. I recognize that medical insurance, (if a minor, covered by parent's / guardian's medical insurance) is recommended and HEREBY TAKE RESPONSIBILITY FOR ANY AND ALL MEDICAL CONDITIONS (short or long term) THAT MAY ARISE FROM PARTICIPATION IN THE MARTIAL ARTS CLASS AND TAKE FULL FINANCIAL RESPONSIBILITY FOR ANY AND ALL TREATMENT.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

NOTE: This form must be signed before participant is allowed to take part in any tryouts, training, competition, practice warm-up session, meeting or testing session.

**Print Participant's**

Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ok to text? Y N

\*Participant's Signature (regardless of age): \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Participants Under 18 Years of Age\***

If applicant is under 18 years of age, a parent or guardian of must execute, in addition to the foregoing Waiver and Release of Liability, the following for and on behalf of the minor.

The undersigned parent and natural guardian or legal guardian of the applicant participant \_\_\_\_\_ (Minor's name) executes the forgoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the waiver and release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims of liabilities assessed against them as a result of any insufficiency of my legal capacity or act for and on behalf of the minor in the execution of the Waiver and Release. I fully consent to my child's participation in the Martial Arts Classes held on the premises of All Shores Wesleyan Church, First Baptist Church of Spring Lake, Spring Lake District Library, or other premises as may be used from time to time.

Print Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_