

Waiver of Liability

Required for each participant

Must be filled out completely

In consideration of participation in any activity, event, or class at any Jae H. Kim Taekwon-do Institute location, the undersigned, on his or her behalf and on the behalf of the participant(s) identified below, acknowledges, appreciates, and agrees to the following conditions:

As an attendee of an event, activity, class, or party at Jae H. Kim Taekwon-do Institute, I acknowledge for myself and the participants name below that taekwondo is a physical activity and that there are dangers and risks associated with the activities and agree to assume all risk of personal injury, including the potential of paralysis and death. I understand that as an adult participant, parent, or guardian my responsibility includes not participating or allowing my child to participate if there are any physical, emotional, or behavioral problems that might compromise the safety of myself, my child, or others. In the case of injury, death, disability or loss/damage of personal property, Jae H. Kim Taekwon-do, its owners, members, officers or employees will not be held responsible. I expressly agree and promise to accept and assume all of the risks existing in this activity. My or my child's participation is purely voluntary and I elect of my own volition to participate or have my child participate with full knowledge of the inherent risks involved.

I, for myself and the participants named below, agree to follow the safety instructions—both verbal and posted—provided, and I acknowledge that failure to do so may result in removal from the premises without refund. If I am aware of any hazards, whether by other members or equipment at the facility, I will alert an employee of Jae H. Kim Taekwon-do immediately.

I, for myself and the participants named below, and our respective heirs, assigns, personal representatives an next of kin, hereby agree to hold harmless and voluntarily release and forever discharge Jae H. Kim Taekwondo, its owners, members, officers, employees and sponsoring agencies from all liability or claims for any such personal injury, disability, death or loss or damage to person or property to the fullest extent of the law.

In case of injury or illness during participation, I authorize and desire medical care for myself or my child at the discretion of medical professionals attending, and accept responsibility for any and all associated expenses with medical care.

I authorize the use of my own and my child's visual image and statements in newsletters, posters, flyers, social media, and other promotional and advertising material as may be created by the institute in the future.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my or my child's participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Jae H. Kim Taekwondo, its employees, management, staff or volunteer personnel, on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms.

SIGNED:

X _____ / ____/_____
Parent or Guardian Date

Parent Name: _____

Emergency Phone: (____)____- _____

Email: _____

NAME OF PARTICIPANT(S):

1) _____

Date of Birth: ____/____/____

2) _____

Date of Birth: ____/____/____

JAE H. KIM TAEKWON-DO INSTITUTE



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