

Central Tae Kwon Do Academy, Inc.

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:
(print students name)

That I am participating in classes during which I will receive information and instruction about Tae Kwon Do. I recognize that any physical exertion could be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Tae Kwon Do. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in Tae Kwon Do classes.

In consideration of being permitted to participate in Tae Kwon Do classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

In further consideration of being permitted to participate in Tae Kwon Do classes, I knowingly, voluntarily and expressly waive any claim I may have against Central Tae Kwon Do Academy, Inc. for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Central Tae Kwon Do Academy, Inc., including its officers, owners, and instructors, for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

DATE & SIGNATURE OF PARTICIPANT

(student sign)

If participant is under 18:

AS LEGAL PARENT/GUARDIAN OF STUDENT LISTED ABOVE, I HAVE READ AND CONSENT TO THE STATED TERMS AND CONDITIONS.

DATE & SIGNATURE OF PARENT/GUARDIAN

(parent or guardian sign)