

ALTOONA ACADEMY OF TAE KWON-DO, Inc.

WAIVER OF CLAIMS AND RELEASE OF LIABILITY

DATE ____/____/____

Release executed by

Parent name _____ and Student name _____ of _____

Address _____, hereinafter referred to as **Releasor**.

In consideration of being permitted to participate in the practice of the Martial Arts, including self-defense, conducted by THE ALTOONA ACADEMY OF TAE KWON-DO, INC., and in recognition that competition in the martial arts is an inherently dangerous sport, RELEASOR and his/her personal representatives, heirs, and next of kin, releases, waives, discharges and covenants not to sue THE ALTOONA ACADEMY OF TAE KWON-DO, INC., its instructors, agents, employees, and Robert J. Bender, and Stephen N. DiLeo all for the purposes herein referred to as RELEASEES, from all liability to the RELEASOR, his/her personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim or damage therefor, on account of injury to the person or property or resulting in death of the RELEASOR, whether caused by the negligence of RELEASEES which the RELEASOR is involved in the activities previously stated.

RELEASOR agrees to indemnify the RELEASEES for any loss, liability, damage or cost RELEASEES may incur due to the presence of RELEASOR in or upon any area in which the lessons are given whether caused by the negligence of the RELEASEES or otherwise.

RELEASOR HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF RELEASEES OR OTHERWISE WHILE IN OR UPON ANY AREA IN WHICH THE LESSONS ARE GIVEN AND /OR WHILE PARTICIPATING IN THE ACTIVITIES PREVIOUSLY STATED.

RELEASOR expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I further release all owners, managers, instructors and employees from any claim whatsoever on account of first aid, treatment, or service rendered me during my participation in martial arts activities. At the request of the Releasees, Releasor must provide proof of medical insurance as Releasees may deem appropriate.

Further, RELEASOR agrees to: (1) undergo any reasonable examination or treatment requested by any first aid providers in any area in which lessons are given; (2) allow the use by The Altoona Academy of Tae Kwon-Do any photographs, whether still or moving, of RELEASOR in any area in which lessons are given for any purpose without additional consideration to RELEASOR. The terms of this release are contractual and not mere recital.

RELEASOR and RELEASEES parties hereto, further states that he/she has carefully read the foregoing release and knows the contents thereof and signs this release as his/her own free act.

X _____
(Student's Signature) (Age)

X _____
(Parent or Guardian Signature if student is prior to age of 18)

Med. Ins. Name _____

Policy # _____

PLEASE PRINT CLEARLY

Student Name _____
FIRST M.I. LAST

HOME PHONE: _____ WORK PHONE: _____

BIRTH DATE: ____/____/____ EMAIL ADDRESS: _____

PHYSICAL CONDITIONS OR CURRENT INJURIES _____

PREVIOUS TRAINING Y or N PREVIOUS RANK _____ PREVIOUS INSTRUCTOR _____

HOW DID YOU FIND OUT ABOUT US? (CIRCLE) NEWSPAPER YELLOW PAGES WEB SITE
RECOMMENDATION DEMONSTRATION

WHY DID YOU CHOOSE OUR SCHOOL? _____

WHY DO WISH TO STUDY TKD (CIRCLE) SELF-DEFENSE FITNESS DISCIPLINE STRESS RELIEF CONFIDENCE

ACCEPTED BY _____

