



Participant Information



Participant's Name _____ Gender _____ Birth Date _____

Mother _____ Father _____ Other _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ **Check here** **to receive future emails about upcoming events.**

What other activities are you or your child involved in? _____

Which of the following areas most interest you or your child in the martial arts?

Self-confidence _____ Self Defense _____ Coordination _____ Discipline _____ Fitness _____ Competition _____

How did you hear about us?

Describe: (Newspaper, Friend, Other) _____

Emergency Number _____ Contact _____

Student's Limitations (Medical/Physical): _____

Hold Harmless and Liability Release and Waiver Agreement

I, _____, have voluntarily submitted my application for registration as a student in the ATA Family Martial Arts Centers martial arts program. By submitting the application for membership, I certify that I am fully aware of and understand the inherent dangers in participating in activities involving Taekwondo and other martial arts, and of the basic safety rules and procedures, including, but not limited to, promotional rank testing, summer camps and tournaments which I might attend.

I understand and agree that the operator of the ATA Family Martial Arts Centers, the American Taekwondo Association, its owners, the instructors, or any other student, will not be responsible for my safety, nor will any of these parties or individuals serve as a guardian of my safety.

I understand and agree that neither the operator of the ATA Family Martial Arts Centers, the American Taekwondo Association, its owners, the instructors or any other students, their agents or assigns, or any other individuals or entity associated with the American Taekwondo Association, may be held liable in any way for any occurrence or event in connection with my membership or participation in tournament or camp which may result in injury, death or any and all damages to me or to my family, descendants, heirs or assigns.

I understand and agree that in consideration of being allowed to be a student in this program, including tournaments or summer camps, I hereby personally assume any and all risks involved in connection with same; and further more, I release forever the aforementioned individuals and entities, and any other individuals or entity, associated with this program, for any harm, injury or damage that may occur to me or befall me while I am a student in this program, including any and all risks connected therewith, whether foreseen or unforeseen, including any risks created and/or harm caused by any negligent act (excluding gross negligence or reckless behavior) or acts of any or all of the above mentioned parties. Furthermore, I will hold harmless the above-mentioned parties from any claim by me, my family, my state, my heirs, my personal representatives, or their assigns, arising out of my participation in the program, tournaments, or summer camps.

I further state that I am of lawful age and legally competent to sign this agreement, and by my signing this agreement is my own free act (unless this is signed by a parent or legal guardian). I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes.

I have read, understood, and fully informed myself of the content of this agreement. I assume my own responsibility for my physical condition and capability to perform under the program, tournament and summer camps in which I may participate.

Date: ___/___/___

Signature: _____
(Student, Parent, Legal Guardian as appropriate)

Witness: _____

TO BE SIGNED IF ABOVE IS EXECUTED BY A PARENT OR LEGAL GUARDIAN

In consideration of the aforementioned activities, and as a parent or legal guardian of the minor named above, I on behalf of said minor, agree to indemnify and save harmless the American Taekwondo Association, the organizers of the program, the instructors, tournament officials, camp directors, other contestants in the program or tournaments, or their agents or assigns, against my claims for damages, compensation or otherwise on the part of said minors or his or her heirs, executors or administrators and to reimburse or make good any loss or damages or costs that any of the above parties may have to pay if an litigation arises on account of any claims made by said minor or anyone in his/her behalf. Further, I release any claim or cause of action that I may personally have as parent or legal guardian resulting from any injury or death to said minor.

Date: ___/___/___

Signature: _____
(Student, Parent, Legal Guardian as appropriate)

Witness: _____