



Liability Release Waiver

I, _____ agree to hold harmless the U.S. Chung Do Kwan Association, it's members, officers, Instructors, Masters, all schools, and their officials from all damages, costs, injuries, and expenses, however incurred during or as a result of my membership in the U.S. Chung Do Kwan Association. I also agree to hold harmless Legacy Taekwondo Academy LLC, it's Members, Officers, Instructors, and Masters from all damages, costs, injuries, and expenses, however incurred during or as a result of my membership with Legacy Taekwondo Academy, LLC. I will extend this same courtesy to The Foundry Center (our host location), any of it's members or staff.

I understand that a risk of injury is involved in my studies and participation in this program, even while following all safety precautions set forth by the instructors and I do hereby waive any and all claims of damage(s) against any of the aforementioned.

I agree that pictures, photographs, and or/videos taken of me in this program are the sole property of Legacy Taekwondo Academy, LLC and may be used for publicity and/or promotion and I waive compensation thereto.

I acknowledge that I have read and understand this agreement. I attest to this agreement without duress. The undersigned stated that he/she is 18 years of age or older. If the student is younger than the age of 18, a parent or legal guardian for the student must sign and become liable for the compliance of the minor aged student.

Signature: _____ Date: _____

Parent or Guardian's Signature if under 18. _____

Parent or Guardian Name _____

Medical Release for Minors

I, _____ attest that I am the lawful parent/guardian of
Parent/guardian

_____, and am legally permitted to confer power to
Child's name

consent to Legacy Taekwondo Academy, LLC. Our agent, Legacy Taekwondo Academy, LLC may consent to my child's medical examination and/or treatment. Such treatment may include, but is not limited to the following: Ambulance transport, examinations, X-rays, diagnoses, hospitalization, anesthesia, medication.

This consent shall be valid from the date signed until revoked by way of written notification to our child's medical providers.

Witnessed this day, the _____ day of the month of _____ in the year _____.

Parent/Guardian Name

Witness Name

Parent/Guardian Signature

Witness Signature