

## Traditional Korean Martial Arts Academy WAIVER OF HABILITY AGREEMENT

WAITER OF EIABILITY AORELINEITY							
STUDENT INFORMATION							
I am 18 years of age or older: YES 🗆	NO $\square$		Male ☐ Female ☐ Age		Age:	Birth Date:	
Legal parent or guardian must sign for students under 18 years old.		d.	Uniform Size: Belt Size:		ze:	Height: Weight: OPTIONAL	
Student's Name: FIRST							M.I.
Address:	City:		State:	Zip Code:		Phone:	
Parent/Guardian Name: FIRST			LAST			M.I.	
Address: If different than above	City:		State:	Zip Code:		Phone:	
Parent/Guardian Relationship to Student:			jotate.	Email:			
				LIIIa			
<u> </u>		Kelationship	ship to Student:   Cell		Cell Ph	'hone:	
Past Martial Arts Experience YES□ NO□ If Yes, Explain:							
SCHOOL LOCATION YOU WILL BE ATTENDING: Clintonville, Wisconsin Firestone, Colorado WAIVER OF LIABILITY							
Whether you are a signed and enrolled student or participating in a free trail, you understand and agree to waive all liability to Traditional Korean Martial Arts Academy for personal injury including injury leading to death that could occur for any reason including, but not limited to, on-location class activities, off location activities including, tournaments, demo teams, parades or any outside event the school may be involved in. You understand and agree that you are responsible for any legal fees for both parties if any legal action is initiated by either party. You agree to follow all of our safety procedures, and use Traditional Korean Martial Arts Academy approved protective equipment as required including mouth piece, groin protection for males, head gear, foot gear and gloves. Students under the age of 18 must have a legal parent or legal guardian agree to these terms in their behalf and sign this document. All classes must be paid in advance before attending. You agree that enrollment cancellation for any reason is non-refundable when combined with enrollment discounts, or discounted and free uniform promotions. All purchases for uniforms are non-refundable. Any Cancellation for regular price enrollment must have a 30 day advance notice. By signing this document you agree to all of the above statements, terms and conditions.							
Adult Student or Above Listed Parent/Guardian Printed Name:							
Adult Student or Above Listed Parent/Guardian Signature:						Date:	
FINANCIAL INFORMATION							
Credit Card ☐				Account _			
Cardholder's Name:							
Credit Card #	Exp. Da	ate:	Secur	ity Code:		Zip Code:	
Account # Routing #							
COLORADO MISCONISINI							

Traditional Korean Martial Arts Academy of Colorado RockyMountainKicks.com

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