

FARFAN'S TAEKWONDO

AFTER SCHOOL PICK UP

Parental Consent and Liability Release Form

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE _____

PARTICIPANT EMAIL (If applicable) _____

ADDRESS _____

PHONE _____ SCHOOL _____ GRADE _____

PARENT NAME(S) _____

PARENT CELL PHONE(S) _____ / _____

PARENT BEST CONTACT EMAIL _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for my child:

_____ ("Participant"), to attend and participate in **Farfan's Taekwondo** after school pick up program during the period of

_____ - _____
Month/Day/Year Month/Day/Year

LIABILITY RELEASE: In consideration of **FARFAN'S TAEKWONDO AFTER SCHOOL PICK UP** allowing the Participant to participate in the after school pick up program, Activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless, **FARFAN'S TAEKWONDO AFTER SCHOOL PICK UP**, its directors, employees, volunteers, teachers and coaches (collectively herein **FARFAN'S TAEKWONDO**) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the activities and **AFTER SCHOOL PICK UP**. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in **FARFAN'S TAEKWONDO AFTER SCHOOL PICK UP** activities and, including trips away from the premises.

Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to **FARFAN'S TAEKWONDO** to furnish any necessary transportation (within the limitations of their insurance and the law), The undersigned further hereby agrees to hold harmless and indemnify **FARFAN'S TAEKWONDO** for any liability sustained by **FARFAN'S TAEKWONDO** as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____ Policy Holder's Name: _____

Emergency Phone #s in case parent/guardian cannot be reached:

Parent Signature _____

Parent Printed Name _____ Date _____

PAYMENT INFORMATION

Name on card: _____ Phone: _____

AMEX VISA MC _____ EXP _____

CVV _____

Signature _____

Date _____