FARFAN'S TAEKWONDO

AFTER SCHOOL PICK UP

Parental Consent and Liability Release Form

PARTICIPANT'S NA	MME	AGE	BIRTH DATE
	IL (If applicable)		
ADDRESS			
PHONE	SCHOOL		GRADE
PARENT NAME(S)			
	NE(S)		
PARENT BEST CON	TACT 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 progra	m during t	he period of
	 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.

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MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities by FARFAN'S TAEKWONDO. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Name of parent

Signature of parent

Date

Name of parent Signature of parent Date

Medical Insurance Company:	Phone:
Policy/Group ID#:	Policy Holder's Name:
Emergency Phone #s in case paren	ıt/guardian cannot be reached:
Parent Signature	
Parent Printed Name	Date

Phone:	
EXP	
	EXP