



T.A.G.B. MEMBERSHIP FORM

Taekwondo Association of Great Britain Licence and Insurance Form

T.A.G.B Club..... New Member or Renewal.....

Do you suffer from any medical conditions? If yes, please detail.....

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Date started.....

Student Name.....

Address (including postcode)

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Contact Number.....

E-mail.....

Occupation..... Date of birth.....

Have you been shown your insurance details? YES/NO.....

Have you been shown our privacy policy? YES/NO.....

Declaration

I understand there is an inherent risk of physical injury in the practice of a contact sport such as Taekwondo. While the TAGB and Association schools and Instructors will all take reasonable steps to minimise the likelihood of an accident, the risk of physical injury cannot be eliminated. There is a particular risk in the context of competition and grading exercises which by their nature are likely to result in an individual approaching and potentially exceeding the limit of their skill and ability. The acceptance of an individual's application to participate in a competition does not constitute and should not be considered as constituting any form of confirmation or assurance by the TAGB or Association school or Instructor to the effect that the individual has the necessary skill or physical ability to safely compete, it being the individual's sole responsibility to judge such matters for themselves.

The TAGB or Instructor accept no liability for injuries for injuries sustained in the practice of Taekwondo save for injuries attributed to the negligence of the TAGB and association schools and Instructors. Insurance in respect of such risks is included in your annual membership. In signing this declaration, I accept the above disclaimer of liability and also agree to abide by the rules of the TAGB as amended from time to time should I be accepted as a participant of this competition. I clearly understand that my participation in the event is entirely at my own risk.

I certify that the facts stated are correct and I am fit to take part.

Student Signature (Parents if under 18)..... Date.....

Instructor Name..... Date.....

Instructor Signature..... Grade.....