STUDENTS FORM (Please Print all information)

Name_____

Date of birth _____/_____/_____ age ____

Address _____City _____

State NC Zip_____

Cell Phone: _____

Home Phone: _____

E-mail: _____

Liability Waiver

In consideration of your acceptance of my entry, I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or may accrue to me against Extreme Martial Arts Center (EMAC), Rohena's Tae Kwon Do and Hap Ki Do, their instructors, and/or other participants, (Releasees) with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise. I understand that Taekwondo is a body-contact sport, which involves a risk of injury. I willingly agree to comply with stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

☐ I _____ grant EMAC and its employees permission to photograph, film or videotape my child and use or publish said images online for social media and promotional purposes.

Printed participant's name: _____

Participant's Signature_____ Date_____

Lawful Guardian Signature _____ Date _____

(If participant is under age 18)

Submit