

# T. KANG TAEKWONDO

## MARTIAL ARTS CENTER

A TRADITION OF EXCELLENCE SINCE 1969

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_  Male  Female

Email Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

Referred by: \_\_\_\_\_

I, the undersigned, hereby voluntarily participate in the T. Kang Taekwondo Trial Lesson Program Offer, and do hereby release and waive any and all rights, claims, or actions that I or my heirs, successors or assigns may have against T. Kang Taekwondo, Grandmaster Tae Sun Kang, its owners, employees, instructors, and related members, for any damages or any other form of recovery from any liability resulting from injuries, mental or physical that I may incur as a result of my attendance and/or participation in the Trial Lesson Program Offer.

I am fully aware of my personal medical condition and hereby certify that I am mentally, physically and emotionally fit to participate fully in the Trial Lesson Program Offer at T. Kang Taekwondo. Furthermore, I hereby waive any compensation whatsoever for the use of my photograph, media coverage, videotapes, statements, etc. utilized by the school and its owners.

I have read and understand the provisions of this agreement and am prepared to accept full responsibility to all terms of this agreement.

Name (print): \_\_\_\_\_

Parent-Guardian Signature: \_\_\_\_\_  
(under 18 years of age)

Signature: \_\_\_\_\_