

T. KANG TAEKWONDO

MARTIAL ARTS CENTER

A TRADITION OF EXCELLENCE SINCE 1969

85 Worth Street, New York, NY 10013 Tel. (212) 219-0043 Fax. (212) 219-2521

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: _____