



Trinity Taekwon-Do
Class Participation Waiver

Trinity Taekwon-Do
Black Belt and Color Belt
Class Participation Waiver

This waiver must be signed and submitted at the time of registration in order for the student to be eligible to start martial arts (Taekwon-Do) training at Trinity Taekwon-Do (Trinity TKD).

In consideration of your acceptance of my and/or my child's participation in this class, I hereby, for myself, and for and on behalf of my child, indemnify, release, forever discharge and agree to hold harmless Master Robert Neidig Jr., Mrs. Pamela Neidig, Mr. Charles Avila, GrandMaster Charles E. Sereff, Master Renee Sereff, Trinity Taekwon-Do, Taskmasters Inc., Sereff Taekwon-Do, the United States TaeKwon-Do Federation, Inc., the City of Broomfield and the officers, employees and agents thereof, from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever, including reasonable attorney fees, which may be incurred by the undersigned and/or the child-participant while participating in this class or traveling to or from any event.

I understand that all fees for instruction and equipment are non-refundable.

I clearly understand that the sport and art of Taekwon-Do involves bodily contact. I am aware of my child's personal medical condition(s) and hereby certify that my and/or child's participation is voluntary and that I, and/or my child am mentally and physically fit to participate in said event.

I hereby consent to and authorize the taking of photographs or videotape in which I, and/or my child may appear. The purpose of these photographs or videotape shall only be to promote Trinity TKD through advertising, email, mailing and/or website display and/or the events that Trinity TKD and its students may participate in.

Please read this thoroughly, sign below and return the completed form to the class administrators or instructor.

SIGNATURE: _____ Date: _____

PARENT'S SIGNATURE _____ Date: _____

My health insurance is _____ and is
through: _____ current.



Information Brochure: Student Acknowledgement

Trinity Taekwon-Do requires that each student (18 years or older) or their parent/guardian read the **"Student and Parent Information Brochure"** hereafter referred to as "Information Brochure". It is also required that each student or their parent/guardian sign this acknowledgment form.

Signature of this document solely represents acknowledgement and awareness of Information Brochure content and its existence. It does not represent any contract between Trinity Taekwon-Do and sign student in any form or manner.

This information is provided as guidance surrounding martial arts instruction and participation in the same at Trinity Taekwon-Do.

Student Information

Address:

(Required)

City:

(Required)

State:

(Required)

Zip Code:

(Required)

Home Phone:

(Required)

Mobile Phone:

(Optional)

E-Mail Address:

(Required)

Information Brochure: Acknowledgment

Student's Name:

(Printed)

Date: _____

Student's Signature:

(Signature)

Date: _____

Parent/Guardian:

(Printed)

Date: _____

Parent/Guardian:

(Signature)

Date: _____