



FREE TRIAL CLASS WAIVER



How did you hear about us?

Student Name

Birthdate

Address

City

Zip

E-mail

Mother's Name

Phone

Father's Name

Phone

Emergency Contact Information

Name _____

Cell Phone Number _____

I, the undersigned (or my parents or legal guardian if I am a minor) have voluntarily submitted my application for a trial class as a student in the ATA Taekwondo program. By submitting my application for a trial class, I do hereby certify that I am fully aware of and understand the inherent dangers in participating in activities involving Taekwondo and other martial arts, and of the basic safety rules and procedures, including, but not limited to, promotional rank testing, camps, tournaments, in-school events, and clinics which I might attend.

I understand and agree that the operators of ROANOKE MARTIAL ARTS, LLC, the American Taekwondo Association, its owners, the instructors and other students will not be responsible for my safety, nor will any of these parties or individuals serve as guardian of my safety.

I understand and agree that in consideration of being allowed to participate in Taekwondo training, I hereby personally assume any and all risks involved in connection with said training. Furthermore, I release the instructors and students of ROANOKE MARTIAL ARTS, LLC, the American Taekwondo Association, their agents or assigns, and any other individual or entity associated with this program from liability, whether foreseen or unforeseen arising out of my participation in Taekwondo events or activities; including any harm, injury, or damage that may occur to me or befall me, my family, descendants, heirs, or assigns while practicing or performing taekwondo at any time or place, or while traveling to or from Taekwondo related events or activities.

For good, valuable and sufficient consideration, the receipt of which is acknowledged, I hereby confer on ROANOKE MARTIAL ARTS, LLC the right to use my name, likeness, voice and/or reputation in all forms and media and in all manners for advertising, promotion, trade, or other lawful purpose. I waive any right to inspect or approve the finished version(s).

I state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act (unless this is signed by a parent or legal guardian). I understand and agree that the terms herein are contractual, and that they are not mere recital or simply for informational purposes.

I have read, understood, and fully informed myself of the contents of this agreement. I assume sole responsibility for my physical condition and capabilities to perform under the program, promotional rank testing, tournaments, camps, parent night outs or clinics in which I may participate.

Name (Please Print): _____ Date: _____

Student or Legal Guardian Signature: _____