



# BRIARGATE TAEKWONDO

## WAIVER TO PARTICIPATE

PLEASE FILL OUT ENTIRE FORM

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender M / F  
Last First M.I.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender M / F  
Last First M.I.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender M / F  
Last First M.I.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender M / F  
Last First M.I.

Parent or Guardian (if under 18 yrs old): \_\_\_\_\_  
Last First

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

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-mail Address(s): \_\_\_\_\_

This Agreement executed the date shown by and between Briargate Taekwondo, Inc. hereinafter referred to as the School, and the Student, who has caused his/her signature to be affixed hereto, hereinafter referred as Enrollee.

Enrollee agrees that all exercises and/or courses are undertaken at student's own risk. The enrollee understands the procedures and exercises involved in instruction and participation as explained to him/her by an instructor of the School. The Enrollee understands that there is a risk of personal injury involved in the course of instruction and with this knowledge agrees to indemnify and hold harmless the School from all losses caused by accident or injury to the Enrollee, or to third persons, who may be with the Enrollee of the School, in the event that either the Enrollee or said third person is injured in any way during the performance and execution of exercises.

THEREFORE, I do hereby for myself/ my heirs/ executors/ administrators/ assigns, waives, release and forever discharge any and all rights/ claims for damages which I may sustain in connection with any practice, class, contest, athletic event, or traveling to/ from such endeavors.

Briargate Taekwondo, Inc. respects your privacy and will never sell or distribute your personal information to any third parties. You may be contacted by the Briargate Taekwondo, Inc. as a follow up to your participation in this lesson(s).

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_  
(If participant is under 18 years of age)

SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_