



## LIABILITY RELEASE & WAIVER AGREEMENT

I, the undersigned (or my parents or legal guardian, if I am a minor) have voluntarily submitted my application for registration as a student in Infinite Taekwondo Academy program. By submitting my application for membership, I do hereby certify that I am fully aware of and understand the inherent dangers in participating in activities involving taekwondo and of the basic safety rules and procedures, including, but not limited to promotional rank testing, sparring, camps, tournaments, and clinics which I may attend.

I understand and agree that the operators of Infinite TKD, its owners, the instructors, any other student, or agents will not be responsible for my safety, now will any of these parties or individual serve as guardian of my safety. I also agree that I will not hold owner of the building responsible for my safety unless injury occurs due to faulty building structure incidents.

I understand and agree that in consideration of my being allowed to participate in taekwondo training, I hereby personally assume any and all risks involved in connection with said training. Furthermore, I release forever the instructors and students of Infinite TKD, their agents or assignors, and any other individual or entity associated with this program, from liability, whether for-seen or unforeseen, arising out of my participation in taekwondo events or activities, including any harm, injury, or damage that my occur to me or befall me, my family, descendants, heirs, or assignors with practicing or performing taekwondo at any time or place, or while traveling to and/or from any taekwondo related events or activities.

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 signed by parent or legal guardian). I understand and agree that the terms herein are contract, and that they are not mere recital or simply for information purposes.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (Please Print): \_\_\_\_\_

If Applicant Is A Minor At Time of Application:

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Guardian's Name (Please Print): \_\_\_\_\_ Phone: \_\_\_\_\_