



In affiliation with



The purpose of these agreements is to advise new members of the legal responsibilities and obtain the necessary agreement to the terms for the Family Taekwon-Do organization.

Please complete all the pages and ensure the necessary signatures and initials are applied.

STUDENT NAME _____

PARENT NAME(s) (for minor student) _____

EMERGENCY CONTACT & PHONE _____

AGE _____ **BIRTHDATE** _____ **EMAIL** _____

PHONE (H) _____ **PHONE(W)** _____

ADDRESS _____
STREET _____ CITY _____ PROV. _____ POSTAL CODE _____

ADVISORY OF RIGHTS AND RESPONSIBILITIES

Safety is not the sole responsibility of the instructors and staff. Everyone in class is responsible for their own safety and the safety of those around them.

All students have the right and the responsibility to excuse themselves from any exercise they believe will be harmful to them. All students must evaluate each situation in the context of their skill and current physical condition, and conduct each drill in a manner that is safe. If an instructor gives an instruction that is unsafe for the student, it is the student's responsibility to inform the instructor that the skill may be unsafe. The instructor will routinely excuse the student from unsafe exercises and drills. The instructor may ask for an explanation and the student is expected to provide one.

All students have a responsibility to train and conduct themselves in a manner that helps all students and instructors remain safe. Students must give those who are training enough room to avoid interfering and avoid being accidentally struck by someone else practicing, which is especially important when others are practicing with weapons.

In the event of an injury, students have the right and responsibility to evaluate the extent of harm, stopping what they are doing even if it includes a partner, and determining if it is safe to continue. Unless a student is certain that further practice will not create or worsen a problem, all students are encouraged to stop what they are doing and inform an instructor. In the event of a serious injury or appearance of a serious injury, all students, instructors, staff and visitors, notably parents, have the right to call a stop to a particular training exercise.

If a student notes an unsafe training situation, which may include a student performing a skill incorrectly, a student not being careful about others, a defect in a piece of training or equipment, a potentially dangerous obstacle or condition on the floor or anything else that may cause or lead to harm of students, instructors, staff, visitors or guests, then the student is expected to correct the situation if within his/her ability or to notify an instructor or staff member immediately. If something is simple to correct such as picking up a weapon left on the floor, the student should correct the situation. If the situation may require the authority of the instructor or staff, or if it is not a simple matter, then an instructor or staff member should be notified immediately.

INITIALS _____

INITIALS _____

ASSUMPTION OF RESPONSIBILITIES AND RISK

Martial arts is a potentially dangerous activity. Bumps, bruises, scrapes, scratches and soreness are commonplace and most students will encounter this sort of minor injury from time to time in their training. More serious injuries are possible, including sprains, strains, twists, cramps and injuries of similar magnitude, and students can expect to encounter these injuries infrequently. The possibility of more serious injury exists, including fractured bones, broken bones, torn ligaments, though not all students encounter such serious injuries. There remains, despite safety precautions, the remote possibility of crippling or death, though this is certainly not expected in this martial arts class.

I understand the above statement of risk, and I understand the rights and responsibilities of students. I assume responsibility for my own safety (or the safety of my child), understanding and accepting the risk involved with martial arts training.

INITIALS _____

INITIALS _____

NOTICE AND CONSENT TO INSTRUCTORS

This school seeks to make use of highly-trained, professional instructors, with both expertise and experience both in the art we teach and in teaching. Classes may be taught by the head instructor or any other qualified instructor. Should an instructor be unavailable for a given class, a junior instructor, senior student or guest instructor may teach. The choice of the instructor is left to the discretion of the school.

I understand that I may not always have the instructor I desire, but I shall seek to learn from whoever is teaching, to show the respect due the position of teacher to whomever is teaching and to conduct myself in accordance with the etiquette established at this school. I understand that I have the responsibility for my own safety without regard to who is teaching the class.

I specifically consent to any instructor the school, instructors or staff feel are sufficiently qualified by any standards they set to teach the class. I specifically understand and agree that the full force of this document applies no matter who is teaching.

INITIALS _____

INITIALS _____

NOTICE AND CONSENT TO PHYSICAL CONTACT

Complete martial arts training involves a wide variety of skills. While practicing these skills, students may have contact with any portion of the body. The groin may be the target of kicks, strikes and grabs. The chest, buttocks, groin, or any part of the body may be contacted while performing martial arts technique targeting another portion of the body.

When male and female students train together, or when adult and minor students train together, and in any other training combination, the purpose and the intent of the school, instructors and staff is to provide an environment for all students to learn and practice martial arts and self-defense. Students are expected to conduct themselves appropriately at all times to ensure that best training results for everyone

Should any student feel a training partner is engaging in contact beyond the scope of training, or a training partner is taking undue and unacceptable advantage of training contact, or if a student is made uncomfortable by any training exercise or partner, then that student has the right to withdraw from the exercise or drill. If the conduct of the training partner appears inappropriate, the student should inform an instructor privately. If the conduct of the training partner or any training partner appears criminal, then an instructor should be informed and the authorities may be notified either by the student or the instructor or both.

I understand the nature of physical contact in martial arts training, and I understand that I have the right to immediately withdraw from any exercise or drill in which the conduct of any party seems beyond the scope of training or makes me feel uncomfortable. I agree to abide by the school etiquette in all matter pertaining to training, and I shall not in any way conduct myself inappropriately or take inappropriate advantage of the contact martial arts training allows.

INITIALS _____

INITIALS _____

COPYRIGHT

All classes, workshops, seminars, training and all other activities are subject to royalty free recording. Pictures, videos, posters and all other media for promotion gathered by Family Taekwon-Do shall not be subject to remuneration of any kind nor recognition in cases where deemed appropriate. All pictures, videos or recordings of any type taken by Family Taekwon-Do become the sole property of Family Taekwon-Do.

INITIALS _____

INITIALS _____

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Please note that by signing this agreement, you give up the right to sue for any injury or damages howsoever caused.

TO: Family Taekwon-Do ("the Company") and its directors, officers, employees, representatives and agents (collectively called "the Agents").

I, _____ hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by "the Company" and/or "the Agents" including but not limited martial arts (collectively referred to as "the Activities") and in further consideration of "the Company" allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement ("the Agreement").
2. I acknowledge that "the Activities" **involve inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand the risks and dangers associated with my participation in "the Activities" **and accept the same entirely at my own risk**
4. I hereby **waive any and all claims** which I may have against "the Company" and "the Agents" and release "the Company" and "the Agents" from **all liability** for injury, death, property damage or any other loss sustained by me as a result of my participation in "the Activities", **due to any cause whatsoever; including negligence, breach of contract , or breach of any statutory or other duty of care** by "the Company" and/or "the Agents".
5. I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of "the Company", even though "the Agents" are not formal parties to "the Agreement".

I AM 16 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND "THE AGREEMENT". I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE COMPANY AND/OR "THE AGENTS" AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF I AM THE PARENT AND/OR GUARDIAN OF THE PARTICIPANT I HAVE READ AND UNDERSTAND AND EXECUTE "THE AGREEMENT" ON BEHALF OF CHILD/WARD.

WITNESS

SIGNATURE OF STUDENT OR PARENT/GUARDIAN

DATE

PRINT NAME

PRINT NAME OF CHILD/WARD

AUTHORITY TO TREAT

I, the undersigned, give the instructors, staff and responsible adults the power to authorize medical or other treatment of participant: _____ subject to the limitations below, if any.

If I am not the person so named, I am the parent, guardian or adult responsible for

participant named: _____ and I have the legal right to grant this power.

Treatment may be made without regard to whether I or any parent, guardian or responsible adult has been contacted or has consented to the specific treatment, provided it does not conflict with the limitations outlined below. This authority begins on the date signed and continues indefinitely.

Limitations to treatment:

Information of medical significance:

By giving my authority to treat, I assume responsibility for all decisions made, provided they are reasonable decisions under the circumstances based upon the knowledge and understanding of the person making the decisions, and I trust their judgment and offer the benefit of the doubt to them in any claim or legal proceeding.

I understand that the instructors, senior students, or others may have some skills in first aid, CPR, and, at their discretion, I authorize them to use those skills and techniques to assist in any circumstances in which they judge their skills would be necessary or helpful.

BC MEDICAL NUMBER

NAME OF FAMILY DOCTOR

SIGNATURE OF STUDENT OR PARENT/GUARDIAN

PRINT NAME

DATE

PRINT NAME OF CHILD/WARD