

USTFKNIFE AND SELF DEFENSE WAIVER FORM

NAME _____ . DATE OF BIRTH _____ .

ADDRESS _____

PHONE# _____ . EMAIL _____

In consideration of your acceptance of my and/ or my child's participation in this event, I hereby, for myself, and for and on behalf of my child, indemnify, release, forever discharge and agree to hold harmless Senior Master Brandon Stoppani, Senior Master David Mason, Mr Jon Ragsdale, La Center School District, United States Taekwon-do Federation, Inc. 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's fees, which may be incurred by the undersigned and/ or the child-participant while participating in activities. I clearly understand that the art of Taekwon-do involves bodily contact, takedowns, sweeps and throws. I am aware of my and /or my child's personnel medical condition and hereby certify that my and / or child 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 video in which I, and/ or my child may appear. I hereby waive for myself, and/or for and on behalf of my child all rights of privacy to any said photographs or video, including without limitation, and for and on behalf of my child to Mountain View Martial Arts and Fitness, Bodystrong Fitness and Self-Defense, Sereff Taekwon-do, Inc. United States Taekwon-do Federation Inc. the irrevocable right and permission in respect to the photographs or video that it has taken or has had taken of me to use, re-use, publish, re-publish, modify and display the same, in whole or part, individually or in conjunction with other photographs and in conjunction with any other copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising and trade, or any other purpose whatsoever, and to use my name in connection therewith if it so chooses.

IT IS THE RESPONSIBILITY OF EACH STUDENT OR PARENT TO PROVIDE THEIR OWN MEDICAL COVERAGE FOR INJURIES THAT COULD OCCUR.

SIGNATURE _____

DATE _____ (If under 18, parent or guardian signature required.)

PRINTED NAME _____

My health insurance is through _____ and current.

