

DYNAMIC MARTIAL ARTS

NAME _____ DOB ____/____/____ AGE _____
ADDRESS _____ CITY _____ ZIP _____
NAME OF PARENT OR GUARDIAN (if under 18) _____
PHONE _____ WORK PHONE _____ CELL _____
PREVIOUS MARTIAL ARTS EXPERIENCE _____
HOW DID YOU HEAR ABOUT US? _____

WAIVER AND AGREEMENT

I, the undersigned, do hereby agree that I will conduct myself at all times while on the premises of the Dynamic Martial Arts Studio, so as to always be a credit to the sport of Tae Kwon Do. I do understand that misconduct or dangerous behavior will result in expulsion from this studio. In consideration of permitting me, _____ to participate in the sports and activities of Dynamic Martial Arts, beginning on the ____ day of _____, 20____, I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage, negligence or wrongful death occurring to me arising as a result of my association with or entry in any practice or workout or contest or athletic meet, or receiving instructions in any activity or participation in any activity or activities incidental thereto traveling to, participating in, or returning from Dynamic Martial Arts, however, the same may occur and for whatever period said activities or instructions may continue. I, for myself, my heirs, executors, administrators and assigns, hereby release waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for me or my estate, and agree that under no circumstances will I or my heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage, or wrongful death or liability or negligence against Dynamic Martial Arts, its facilities, owners, officers, instructors, agents, employees, or any of its members, for any said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise. It is my intention by the signing of this instrument to exempt and relieve Dynamic Martial Arts, its owners, officers, instructors, employees, agents or members from liability for personal injury, property damage, or wrongful death by negligence.

I, for myself, my heirs, executors, administrators, and assigns agree that in the event any claim for personal injury, property damage, wrongful death, liability and or negligence shall be prosecuted against Dynamic Martial Arts, or its facilities, owners, officers, instructors, employees or agents, I shall indemnify and save them harmless of, from and for any and all claims or causes of action by whomever whenever or wherever made or presented for personal injuries, property damage or wrongful death by negligence.

- 1) DUES ARE TO BE PAID BEFORE THE FIRST DAY OF EACH MONTH.
- 2) ALL NSF CHECKS WILL BE CHARGED A \$25.00 BANK PROCESSING FEE.
- 3) ALL PAYMENTS ARE NON-REFUNDABLE.
- 4) EACH STUDENT IS RESPONSIBLE FOR SIGNING THE ATTENDANCE SHEET FOR EVERY CLASS. THIS POLICY WILL BE ENFORCED.
- 5) MANAGEMENT HAS THE RIGHT TO EXPEL A STUDENT FOR ANY BEHAVIOR THAT MANAGEMENT SEES AS INAPPROPRIATE, DISRESPECTFUL, OR DANGEROUS. THE MANAGEMENT'S DECISION IS FINAL.

I DO HEREBY UNDERSTAND AND AGREE TO ABIDE BY ALL OF THE ABOVE SAID AFOREMENTIONED.

SIGNED _____ THIS _____ DAY OF _____ 20____.

RELATIONSHIP TO STUDENT _____