

Denton Taekwondo Academy

Student Information

Student's Name _____ Birthdate _____

Parent(s) Names, if under 18 _____

Phone #1 _____ describe: _____

Phone #2 _____ describe: _____

Phone #3 _____ describe: _____

E-Mail #1 _____ describe: _____

E-Mail #2 _____ describe: _____

Address _____

City _____ Zip _____

Responsible Party (pays tuition) _____ Relationship _____

Person to Contact in Emergency _____

Medical or Physical Concerns (anything that may inhibit exercise i.e. previous injuries, allergies, asthma, etc. or inhibit learning i.e. ADHD)

Name of Student(s): _____

Denton Taekwondo Academy

Release and Hold Harmless Agreement1

The participant is aware in making this agreement to train in martial arts that certain elements of this training are physically demanding and potentially dangerous. With this knowledge the participant agrees to indemnify and hold harmless from all losses caused by accident, injury, or illness the owners, instructors, or their assistants, in the event that the participant is injured in any way during the performance and execution of techniques or instruction provided in this training. **Initials:** _____

This release shall also include any landlord or leaseholder of any training facility in which training is conducted. The participant agrees that the terms hereof shall be binding upon his or her heirs, successors and assigns, including any minors. **Initials:** _____

The participant agrees to abide by all rules and regulations of Denton Taekwondo Academy, and with the directions and precautions of the instructors. **Initials:** _____

The participant attests that he/she is in good physical condition and has no known or suspected medical conditions that would preclude vigorous physical activity or martial arts training. **Initials:** _____ *It is recommended that participants have a checkup by a physician before beginning any new physical regimen.*

As part of the consideration for participation, the participant acknowledges and assumes all of these risks and wishes to train in this course of instruction.

I give permission for photos or videos that include me/my child to be posted on social media accounts for Denton Taekwondo Academy. Yes _____ No _____ **Initials:** _____

Date: _____

Print Name: _____

Signature: _____

(Parent or legal guardian must sign for all persons under 18 years of age.)