



Release and Waiver

In consideration of being allowed to enter the practice area and/or participate in any activity, program, party and/or use of the practice area at Glen Ridge Taekwon-do (GRTKD, LLC), the undersigned, on his or her own behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions: I agree and understand that this agreement is binding on myself, my child or ward, and the heirs, successors and assigns of myself and my child or ward. By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or, if I am not the parent or legal guardian of the child, that I have the express permission of the child's legal parent or guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules and verbal instructions as conditions for participation in any activity, program, party and/or use of the practice area at Glen Ridge Taekwon-do. Any child that has a medical condition that could inhibit them from participating should not participate in any activity, program, party and/or use of the practice area. I am aware that there are inherent risks associated with participation in Taekwondo activities, programs, parties and/or use of the practice area and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants, failure to follow the safety rules and the above outlined comments may result in injury or death; and, I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby forever release and hold harmless GRTKD, LLC, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all GRTKD, LLC activity, program, party and/or use of the practice area. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Participant name: _____ Date of birth: _____

Participant name: _____ Date of birth: _____

Participant name: _____ Date of birth: _____

Address: _____

Parent/Guardian acknowledgement

Parent/guardian signature: _____ Date: _____

Print Name _____

Emergency contact #: _____

Please give us your email address if you would like more information about programs at Glen Ridge Taekwon-do: _____