



Waiver of Liability

PLEASE READ CAREFULLY.

- All students must sign this waiver of claims and liability if they wish to participate at Young Choung Guelph Tae Kwon Do (YCGTKD).
- By signing this waiver of claims and liability the student, parent or guardian acknowledges that they have read this agreement and will abide by all rules of YCGTKD as well as agreeing to wear all mandatory safety equipment.
- The undersigned/student, parent or guardian acknowledge that their participation in YCGTKD is voluntary and entirely of their own free will.
- The undersigned/student, parent or guardian acknowledges that they are in good physical condition, and have no diseases, injuries or other physical or mental conditions that would impair their ability to participate in YCGTKD classes.
- Signing this waiver also means that the undersigned/student, parent or guardian releases YCGTKD and its instructors, assistants and volunteers from any liability in case of injury or death from the instruction of YCGTKD.
- In consideration of being allowed to attend YCGTKD classes, the undersigned/student, parent or guardian acknowledges that Taekwondo is a very physical activity and that participation may result in serious injury including death, and or other damage, due not only to the undersigned/students actions, inaction or negligence, but also to that of others associated with and or present at these or other Taekwondo classes.
- The undersigned/student, parent or guardian acknowledge that they personally, totally and completely assume all risks involved or in any way related to their participation in YCGTKD classes whether known or unknown to them at the present time.
- The undersigned/student, heirs, executors and successors hereby waive and claim of accidental and or negligent damages or injury against YCGTKD, its instructors, assistants and volunteers and any physical location where YCGTKD classes are taught.

Student's name: _____

Parent/Guardian of Student if under 18yrs of age:

(Please print name)

(Signature of Student or Parent/Guardian of Student)

Date: _____