



*Please complete & return to instructor*

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

*In consideration for my attendance and participation in these fitness and exercise classes offered by East West Tae Kwon Do, I, participant/parent acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the school, its management, assigned staff and fellow participants from any liability resulting from loss, whether personal belongings or bodily injury. I also hereby state that myself or my child is physically fit to take the prescribed course of instruction and do so of my own free will. I also understand it is advisable to consult a physician before entering any program of martial arts or physical fitness.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_