



STUDENT(S) NAME_____

PARENT/GUARDIAN NAME_____

SEX:_____AGE:_____BIRTH DATE_____

PRIMARY PHONE_____

PARENT EMAIL:_____

I acknowledge that I choose to participate in all activities at MALV Tae Kwon Do, and use all of its facilities solely at my own risk. Malv Tae Kwon Do shall not be held liable for any accidental injuries and/or damages to person or property that arise from or connected with the use of the facilities, including those arising from acts of passive negligence on part of Malv Tae Kwon do and its staff. I also understand that Malv Tae Kwon Do has made no claims as to medical results which I may obtain through participation and that Malv Tae Kwon Do has not and will not suggest any medical treatment(s) to myself. I hereby expressly forever release and discharge Malv Tae Kwon Do from any and all claims, liabilities, judgments, and proceedings, both at law and in equity, arising from my participation at the Malv Tae Kwon Do.

I hereby certify that I have read and fully understand the terms of this waiver.

STUDENT SIGNATURE_____

PARENT SIGNATURE IF UNDER 18_____

MALV TAE KWON DO REPRESENTATIVE:_____

DATE:_____