



# ULTIMATE KICKS

Tae Kwon Do of Watertown

## TOURNAMENT RELEASE OF LIABILITY

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Instructor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

**Sparring** \_\_\_\_\_ **Forms** \_\_\_\_\_ **Breaking** \_\_\_\_\_ **Weapons** \_\_\_\_\_

### Read Carefully Before Signing!!

#### Adult Participants:

I fully recognize and acknowledge that Tae Kwon Do is a contact sport and may result in physical injury to myself and/or others. I wish to participate in this tournament at my own risk. Therefore, I am fully responsible for any and all damages or injuries that I may suffer, if any, while participating in this tournament. I do hereby release and further discharge that Lee's Tae Kwon Do Association, LTD, Ultimate Kicks Tae Kwon Do, Master Jon Anderson, and any assistant instructors and Black Belts, individually and/or otherwise, from any liability for personal injuries that I may sustain while attending this tournament. I acknowledge that neither Lee's Tae Kwon Do Association, LTD, Ultimate Kicks Tae Kwon Do, Master Jon Anderson, nor any assistant instructors and Black Belts, shall be liable for medical expenses or damages arising out of my participation in this tournament. I agree to indemnify and hold harmless the Lee's Tae Kwon Do Association, LTD, Ultimate Kicks Tae Kwon Do, Master Jon Anderson, any assistant instructors and Black Belts for any claims or judgments resulting from personal injuries sustained at this tournament.

Signed \_\_\_\_\_ Date \_\_\_\_\_

#### Parents/Guardians:

I fully recognize and acknowledge that Tae Kwon Do is a contact sport and may result in physical injury to my child and/or others. I wish to have my child participate in this tournament and at my own risk. Therefore, I am fully responsible for any and all damages or injuries that my child may sustain or incur, if any, while participating in this tournament. I do hereby release and further discharge that Lee's Tae Kwon Do Association, LTD, Ultimate Kicks Tae Kwon Do, Master Jon Anderson, and any assistant instructors and Black Belts, individually and/or otherwise, from any liability for personal injuries that my child may sustain while attending this tournament. I acknowledge that neither Lee's Tae Kwon Do Association, LTD, Ultimate Kicks Tae Kwon Do, Master Jon Anderson, nor any assistant instructors and Black Belts, shall be liable for medical expenses or damages arising out of my child's participation in this tournament. I agree to indemnify and hold harmless the Lee's Tae Kwon Do Association, LTD, Ultimate Kicks Tae Kwon Do, Master Jon Anderson, any assistant instructors and Black Belts for any claims or judgments resulting from personal injuries sustained at this tournament.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Sex M/F Age \_\_\_\_\_ Rank \_\_\_\_\_

TKD School/Club \_\_\_\_\_ Instructor \_\_\_\_\_

**Sparring** \_\_\_\_\_ **Forms** \_\_\_\_\_ **Breaking** \_\_\_\_\_ **Weapons** \_\_\_\_\_