



Hauth's Family Taekwondo Center

8465 Old Redwood Hwy
Suite 230
Windsor Ca
95492

www.familytaekwondo.com
E-mail: chauth1@earthlink.net

Phone: 707-838-3644

Hold Harmless/Liability Release Waiver Agreement

I _____ have voluntarily submitted my application for registration as a student in HAUTH'S FAMILY TAEKWONDO CENTER. By submitting my application, I certify that I am fully aware of and understand the inherent dangers in participating in activities involving Taekwondo and other Martial Arts. I am aware of the basic safety rules and procedures including but not limited to training, promotional rank testing, workshops, camps, tournaments, parades, board breaking, and other functions involving Hauth's Family Taekwondo Center which I might attend.

I understand and agree that the owners, operators, instructors and students of Hauth's Family Taekwondo will not be responsible for my safety, nor will any of these before mentioned parties or individuals serve as my guardian of my safety.

I understand and agree that neither the operators of Hauth's Family Taekwondo Center, its owners, instructors, or any other student, their agents or assigns, or any other individual or entity associated with Hauth's Family Taekwondo Center, may be held liable in any way for any occurrence or event in conjunction with my membership or participation in training, promotional rank testing, workshops, camps, tournaments, parades, board breaking, and other functions involving Hauth's Family Taekwondo Center which may result in injury, death or any and all damages to me or to my family, descendant, heirs or assigns.

I understand and agree that in consideration of being allowed to be a student in this program, I hereby personally assume any and all risks involved in connection with same; furthermore, I release forever the aforementioned individuals and entities and any other individual or entity associated with this program for any harm, injury or damage that may occur to me or befall me while I am a student in this program, including any and all risks connected therewith, whether foreseen or unforeseen, including any risks created and/or harm caused by any negligent act (excluding gross negligence or reckless behavior) or acts of any or all of the above mentioned parties from any claim by me, my family, my estate, my heirs, my personal representatives, or their assigns, arising out of my participation in this program.

I further state that I am of lawful age (18 years or older) and legally competent to sign this agreement, and that my signing this agreement is of my own free will. I also understand that the terms herein are contractual, and they are a mere recital or simply for informational purposes.

I assume my own responsibility for my physical condition and capability to participate in Taekwondo training, and attest that I have revealed in writing to the owner's of Hauth's Family Taekwondo Center, or their assigns any existing condition or impairment that may be further aggravated by Taekwondo training.

Today's Date _____ Signature _____
Student to sign if 18 years or older. Otherwise Parent or Legal Guardian

In consideration of the aforementioned activities, and as parent or legal guardian of the minor named above. I release any claim or cause of action that I may personally have as parent or legal guardian resulting from any such injury or death to said minor.

Today's Date _____ Signature _____

Program: 10 weeks _____ 5 weeks _____ # of People _____ Total \$ _____ Start Date _____

Month to Month billing statements will be provided by ASF. If you have any questions or concerns please give me a call or email me at chauth1@earthlink.net. We offer EFT programs from your checking or credit card accounts for your convenience.

Monthly fees are \$114 per month for one person. Unlimited classes. Discounts apply to two or more family members. Other fees associated with Taekwondo Training include Rank Promotions, Tournaments, Camps, Workshops and Merchandise. I understand that I will contact Mr. Hauth in the event that I no longer wish to participate and be billed for my training.

Indicate Monthly Statements: Monthly Coupons _____ EFT(Attach voided check) _____ Credit Card _____

Today's Date _____ Signature _____

