



Participant Seminar Enrollment

Participant's Name: _____ Age: _____

Parent's Name: _____

Mailing Address: _____

City

State

Zip

Phone Number: _____

*Email Address: _____

*Cell Phone: _____

What do you hope to learn from this course?

As part of the agreement in allowing me to participate in this Seminar, I agree that the American Taekwondo Association (including its officers, employees, agents, tournament organizers, and any other student), will not be responsible for my safety nor do any of these parties assume any responsibility as a guardian or a fiduciary. This specifically means that no one listed in this paragraph or associated with American Taekwondo Association will be held liable for any injury, death, or any other damages caused to me or to my family, decedents, heirs or anyone assuming any rights on my behalf, and I specifically waive any claim that I may have against such persons or individuals.

As further consideration and as a basis for allowing me to participate in ATA Seminar, I agree to assume any and all risk of harm, and I specifically agree to release the American Taekwondo Association (including anyone connected with this Seminar) as it relates to any damage, harm, or injury that I might suffer, even if the event causing the damage, harm, or injury was foreseeable or if such damage, harm, or injury was created or caused by the negligent act of the parties I am releasing (this release will not apply to any intentional act). This agreement to hold harmless shall apply to any claim by me or my family, including my estate, heirs, or any personal representatives in the event of my death or any damage, injury, or harm that should occur by my participation in training, related to participation in American Taekwondo Association.

Witness

Signature (Co-sign if participant is a minor)

Date