



American Kwan
Tang Soo Do Federation, LLC
8450 Palacio Terrace W. Naples, FL 34114
239-776-6161

Liability Waiver

NAME (Last) _____ (First) _____ (MI) _____
ADDRESS _____
CITY _____ STATE _____ COUNTRY _____ ZIP _____
TELEPHONE (Home) _____ (Cell) _____
DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ SEX _____
OCCUPATION _____ Email _____
Dan Number _____ Current Dan _____
SCHOOL NAME _____
SCHOOL ADDRESS _____
PREVIOUS MARTIAL ARTS TRAINING (DETAILS) _____

By signing below as a member I agree to indemnify and save harmless the American Kwan Tang Soo Do Federation, LLC, from all losses caused by accident or injury to myself as enrollee or to any third person(s) injured in any way in the performance and execution of instructions or training in the Martial Arts.

I certify that I am in good health. (If I have any health impairments, they are described on the back of this agreement.)

As a member, I understand that the school and its instructors have the right to restrict and / or remove any enrollee from participation for any reason that would cause a disruption to other participants and instructors or if enrollee is incapable of physically and /or emotionally being able to participate in classes being held. Any such determination being solely at the discretion of the instructor.

As a member I acknowledge, and it has been explained to me, the procedures and exercises arising out of the activity of Martial Arts training and instruction, as to participating as an individual and with other enrollees and / or instructors of said American Kwan Tang Soo Do Federation, Inc., that there is the risk and danger of personal injury up to even death, either being self-inflicted or by other enrollees and instructors. That I further agree and acknowledge that I have read this agreement and fully understand the contents of same. As a member/ enrollee, I also understand that this waiver when signed is not subject to cancellation or revocation and refunds are not granted.

I agree that American Kwan Tang Soo Do Federation, LLC and its officers, instructors, and agents may use without remuneration or permission, any pictures or video images obtained in any manner.

IT IS MY EXPRESS INTENTION TO WAIVE ANY LIABILITY OR CLAIMS FOR INJURIES I MAY RECEIVE IN ANY MANNER.

NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN

Initials _____

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ANY AND/OR ALL OF THE RELEASED PARTIES USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ANY AND/OR ALL OF THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ANY AND/OR ALL OF THE RELEASED PARTIES HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration of my and/or my child or ward's participation in the Event referenced above and any related activities (collectively, the "Event"), wherever the Event may occur, I agree to assume all risks incidental to such participation (which risks may include, among other things, soft tissue and/or organ injuries, broken bones, or death). On my own and/or my child or ward's behalf, and on behalf of my and/or my child or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with me or my child or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorneys' fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any and all tort, contract and other claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered before, during or after such participation. If I am executing this release on behalf of my child or ward, I understand that the extent to which I am releasing the Released Parties for negligence is limited by Florida Statute 744.301 to those risks inherent in the activity and any other risks which may be found to not be in conflict with the limitations of that statute (please be sure and read the uppercase text found above this paragraph). I declare that I and (if participating) my child or ward are physically fit and have the skill level required to participate in the Event and/or any such activities. I further authorize medical treatment for me and/or my child or ward, at my cost, if the need arises.

In consideration of my and/or my child or ward's participation in the Event, wherever the Event may occur, I also agree that my and/or my child or ward's name, likeness, voice, description, and performances at the Event may be recorded, compiled, edited, sold, distributed, and otherwise used by the Released Parties without restriction for purposes of publicity and marketing, television broadcast, home video or DVD, print media, or any other purpose, and I expressly waive on my behalf and that of my child or ward, the right to seek compensation therefor from any of the Released Parties; and that the email address(s) and phone and text numbers listed above and/or used by me in registration for the Event or otherwise provided to the Released Parties may be used for present and future marketing, survey, and data compilation purposes by the Released Parties and/or their subsidiary and/or affiliated companies or other entities at the discretion of the Released Parties, and that this may be considered an "opt-in" for those purposes and that I may receive emails soliciting goods and services, products, and future events.

This Waiver Form shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Waiver Form shall be held in such court sitting in such county having subject matter jurisdiction and I specifically waive the right to trial by jury. I certify I am 18 years of age or older and, if I am executing this Waiver Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

Date

Signature of Participant (if 18 or over); or
Parent or Guardian (if Participant is under 18);
or Court Appointed Guardian

Print Name of Participant (if 18 or over); or
Parent or Guardian (if Participant is under 18);
or Court Appointed Guardian

Initials_____