



Brother's TaeKwon-Do & Hapkido
Application for Enrollment
Please Sign Back

Enrollment Date _____ Student No. _____

Name _____
First MI Last

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____ Date of Birth _____

Employer (My/Parent) _____ Wk Phone (My/Parent) _____
Circle one Circle one

Under 18 must have parents consent. Information required!

Parents Name _____

Parents Driver License No. _____ **State** _____

Do you have any medical problems? If yes, please describe. And consult with your Physician before enrolling in Tae Kwon Do!

Martial Arts History? _____

I understand, do hereby voluntarily submit my enrollment form for participation in the said Brother's Tae Kwon Do & Hapkido and hereby assume full responsibility for all and all damages, injuries or losses that I may sustain or incur. If any. While attending or participating, and I Waive all claims against the Brother's Tae Kwon Do & Hapkido. Masters Instructors, Alaska Sport Tae Kwon Do Association and Polaris Athletic Club individually or other wise for any claim for injuries that I may sustain. I fully understand that any medical treatment given to me will be a first-aid treatment type only. If I or my child to decide to discontinue the Tae Kwon do, I Will provide the instructor a written notification before all delinquent payment will be charged for the following months until written notice is given. All delinquent payment will be handled by Alaska Financial Services. 50% of the balance will be added for the service charge of Alaska Financial Service. **No refund will be given on any agreements.**

All payments are due at the 8th of every month or \$10.00 late fee will be charged.

Signature _____ Date _____

Under 18 must have parents signature

Your interest in Tae Kwon Do & Hapkido.

1. Self defence
2. Discipline
3. Self-Confidence
4. Physical fitness
5. Others

How did you hear from us?

1. Coupon book
2. Friend & Relative
3. Fliers
4. Yellow page
5. Window signs

All students must register to be a member of Alaska Sport Tae Kwon Do Association and U.S.T.U. Yearly. \$35.00 fee on NFS Check.

Equipment may be purchase at Brother's Tae Kwon Do & Hapkido.



Brother's Tae Kwon-Do & Hapkido
Membership Application
Waiver and Release of Liability, Assumption of Risk
And Parental Consent (When Application) and Indemnity Agreement

1. I understand the nature of TaeKwon-Do Activities and acknowledge that my/the Minor's experience and capabilities and believe I/the minor are qualified to participate in such activity. I further agree and warrant that if, at any time, I believe to be unsafe, I/or the minor will immediately discontinue further participation in the Activity.

2. I/THE MINOR FULLY UNDERSTAND THAT: (a) TaeKwon-Do Activities involved risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (RISKS): (b) these Risks and dangers maybe caused by my own actions. Or inaction's of others participating in the activity. The condition in which the Activity takes place or THE NEGLIGENCE OF THE "RELEASE" NAMED BELOW: c) There maybe other risks and social and economic losses either not known to me or not readily foreseeable at this time: and I/THE MINOR FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the Activity.

3. I/THE MINOR HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE. AND AGREE TO HOLD HARMLESS the Brothers TaeKwon-Do & Hapkido, Alaska Sport TaeKwon-Do Association. Polaris Athletic Club. Any School and club where the activity may take place, or has a vested interested in the activity, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place (each considered one of the "releases herein) from all liability, claims demands, losses, or otherwise, including negligence rescue operations and further agree that if despite this release, I or anyone on my/ the minor's or anyone on my/ the minor's behalf makes a claim against any of the Releases named above. I WILL INDEMNIFY, SAVE ABD HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I/THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name of Minor Child(if applicable)	Signature of Parent or Legal Guardian	Date
Printed Name of Participant	Print Name of Witness	Date
Signature of Participant	Signature of Witness	Date