



Alliance Taekwondo Center

For the study and practice of the Korean martial arts tradition

Today's Date: _____

Martial artist's name: (please print) _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell No.: _____ Email Address: _____ Current Rank: _____

Emergency Contact Person

Name: _____ Relationship: _____ Home Phone: _____

Place of Employment: _____ Phone: _____

Any health concerns, medications, or allergies? _____

Any physical disabilities that might affect your training? _____

If under 18 years old

Mother's Name: _____

Phone: _____

Email: _____

Father's Name: _____

Phone: _____

Email: _____

Adult students, please provide employer data here

Employer: _____

Phone: _____

Email: _____

Employer: _____

Phone: _____

Email: _____

Signature of applicant

Parent or legal guardian if under 18

My reason for taking martial arts classes is _____

Any previous martial arts experience? If so, please explain _____

How did you hear about us? ___ Brochure ___ Word of Mouth ___ Yellow Pages ___ Other: _____

Acknowledgement of Risk and Waiver of Liability

I, _____, by signing this agreement, ensure the following to Alliance Taekwondo:

1. I understand and acknowledge that participation involves certain inherent risks and that regardless of the precautions taken by Alliance Taekwondo or the participants, some injuries may occur. _____ (please initial)
2. I understand, accept and assume any and all risks in connection with participation and release Alliance Taekwondo from any liability. I understand that Taekwondo is a CONTACT ACTIVITY and I consent (or give consent for my child/ward) to participate. _____ (please initial)
3. I assume all the risks and hazards incidental to my (and/or his or her) participation in the activities; I also understand that I am responsible for my own health insurance or medical coverage and expenses for my own protection while participating. _____ (please initial)

Non-Disclosure Agreement

I, _____, by signing this agreement, ensure the following to Alliance Taekwondo:

1. I will not demonstrate or disseminate in any capacity, any of the techniques, training methods, or other instruction taught to me by Alliance Taekwondo. _____ (please initial)
2. I will not to claim to represent the class and/or Alliance Taekwondo as an expert, instructor, teacher or assistant. _____ (please initial)
3. The above hold true until I have received official certification and/or sanction from Master Linda Catalano and/or Master Devon C. Waldron explicitly stating my privilege to do so. _____ (please initial)

Media Use Release Agreement

I, _____, by signing this agreement, ensure the following to Alliance Taekwondo:

I hereby grant permission to the Alliance Taekwondo to use and assign my (or my child's) name, voice, photograph, interviews, image or likeness in any and all media, now known or developed in the future, including and audio, video or photographic display, internet other transmission or reproduction, in whole or in part, for the purposes of promotion and publicity in perpetuity without obligation to me. _____ (please initial)

Student's name(s) _____

Signature of Student or Parent/Guardian Signature (if applicable)

Date