

# Korea Taekwondo Cheung Do Kwan (Hong Kong)

Grand Master: Mr. Woo Jong Pill



## APPLICATION FORM

Name: \_\_\_\_\_ Date of Birth: (d) (m) (y) \_\_\_\_\_  
Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## CONSENT FORM

As the participant, parent or legal guardian, I remain legally responsible for any personal actions taken by the above named participant.

I am aware that participating Taekwondo lessons may result in minor to serious injury. I acknowledge and accept the risks involved with the lessons. Any questions I have concerning me or my child's participation have been answered

In consideration of me or my child being allowed to participate in Taekwondo classes, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE school, instructors, volunteers associated with the event and their employees from any liability for injuries, damages, medical expenses,, or any other loss to me or my child or family (including attorney's fee) arising from or related to me or my child's participation.

Korea Taekwondo Cheung Do Kwan (Hong Kong) does not accept liability for any injury sustained by any individual taking part in Taekwondo classes.

I have read, understood and received a copy of the above consent and desire of my own free will and volition to participate in Taekwondo classes

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_