**Liability Waiver**

Read Carefully Before Signing!!

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. (MM/DD/YYYY): \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province: \_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release:** I hereby grant Madrid Taekwondo Institute permission to use myself, my son(s), my daughter(s) likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Madrid Taekwondo Institute and will not be returned. I hereby irrevocably authorize Madrid Taekwondo Institute to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Madrid Taekwondo Institute’s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein myself, son(s), daughter(s) likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

**For parents/guardians:** By signing this Liability Waiver, I fully recognize and acknowledge that Taekwondo is a contact sport and may result in physical injury to my child/ward. Having a full understanding of these risks, I permit my child/ward to participate in the classes. I assume full and complete responsibility for any and all damages or injuries that he or she may sustain or incur, if any. I do hereby release and further discharge Madrid Taekwondo Institute’s owners, operators, any assistant instructors or employees, for any personal injury that my child/ward may sustain while attending any class or activity. I also realize and acknowledge that I am solely responsible for any medical attention or treatment that my child/ward may need because of his/her participation.

Medical conditions/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (if under 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print parents’ name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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