

**SOUND MIND AND BODY
SCHOOL OF TAEKWONDO Inc.**
1558 St. Clair Ave, St. Paul MN 55105



SCHOOL OF TAE KWON DO

Application and Waiver of Liability

Name: _____ Birthdate: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

I, the undersigned, do hereby voluntarily submit this application for attendance and participation in the martial arts training conducted by the SOUND MIND AND BODY SCHOOL OF TAEKWONDO, INC., its instructors, students, and affiliates and do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating, and I hereby waive all claims against the SOUND MIND AND BODY SCHOOL OF TAEKWONDO, INC., its operators, students, and affiliates individually or otherwise, for any claim for injury that I might sustain.

I fully understand that any medical assistance given to me will be a First Aid treatment type only and will seek doctor's advice of my own volition.

I realize that as a student of the SOUND MIND AND BODY SCHOOL OF TAEKWONDO, INC. I will be subjecting myself to strenuous physical exercise and conduct requiring physical contact and I give full consent to such contact as required by the training.

I agree to abide fully by the rules and regulations set forth by the SOUND MIND AND BODY SCHOOL OF TAEKWONDO, INC., its instructors and affiliates, including strict adherence to the rules and regulations relative to the use of safety equipment.

I understand that the SOUND MIND AND BODY SCHOOL OF TAEKWONDO, INC. does not warrant any protective equipment it may provide and cannot guarantee the elimination of injury through the use of such equipment.

I understand that any fees paid for instruction, testing, seminars, tournaments, and equipment are non-refundable regardless of my attendance.

I understand that the SOUND MIND AND BODY SCHOOL OF TAEKWONDO, INC. only provides lessons during certain hours, that these hours of operation are subject to change and that the center may be closed on or around holidays.

I submit that I am physically and mentally fit to take the classes offered by the SOUND MIND AND BODY SCHOOL OF TAEKWONDO, INC. and I have had an opportunity to observe the training before signing this agreement.

I consent that any pictures furnished by me or any picture taken of me in connection with the SOUND MIND AND BODY SCHOOL OF TAEKWONDO, INC. can be used for publicity or promotion and I waive compensation thereto.

I certify that the above information is correct and accurate to the best of my knowledge.

Student's signature: _____ Date: _____

Parent/Legal guardian: _____ Date: _____

Parent/Legal guardian signature required if student is under 18 years of age.