

RELEASE AND ASSUMPTION OF LIABILITY

As a student of Two Rivers Martial Arts, I, _____ state that I understand and agree to obey the rules and regulations of the school that were formulated for the purpose of keeping order in the school and for the protection of pupils from injury. I agree to strictly adhere to the rules and regulations and to the instructor's discipline.

I, as a member of Two Rivers Martial Arts, take an oath to abide by the following tenets of Tae Kwon Do along with the established rules that are a goal of my training:

1. Tenets of Tae Kwon Do - Courtesy - Integrity Perseverance Self Control - Indomitable Spirit
2. To be loyal to my nation and to my parents
3. To be obedient to my instructor and his/her directions
4. To observe the school regulations
5. To respect my seniors and practice patience and courtesy to my juniors
6. To be righteous and show good conduct
7. To exercise control of all techniques so that no person is injured or put in fear of injury by those techniques.
8. No sparring unless supervised by an instructor or coach
9. Proper training attire at all times
10. Help keep the school clean
11. Trouble and criminal activity away from the school will not be tolerated.

I further acknowledge and understand: that a risk of personal injury may be involved in programs sponsored by Two Rivers Martial Arts.

I hereby waive, release, and forever discharge all rights and claims from damages that I may have against the instructors, Directors or any other persons involved with Two Rivers Martial Arts. I assume all liability for any damage I may suffer in connection with my association with, or entry in classes, tests, demos, exhibitions, tournaments, or other programs at the school, including traveling to, participating in, and returning from such events. I further release and discharge Two Rivers Martial Arts, its agent, instructors, directors or any other persons involved with Two Rivers Martial Arts from liability for any such damages or injuries, including physical, mental, or emotional damages or injuries.

I have read this release (and assumption of liability) and understand all its terms; I execute it voluntarily and with full knowledge of its significance.

Signature: _____ Date: _____

I have read this release (and assumption of liability) and understand all its terms; I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian: _____ Date: _____

Relation: _____

Witnessed by: _____ Date: _____

Two Rivers Martial Arts, 2017 Southlawn Drive, Des Moines, IA 50315 285-5049

Two Rivers Martial Arts - Optional Student Information

Name: _____

Nickname: _____

Date of Birth: _____ TKD Birthday: _____

Phone (Home): _____ Cell: _____

Email: _____

Address: Street & Apt.: _____

City: _____

Emergency Contact: _____

Authorized to pick up student: _____

Additional Relevant Information: _____

Height: _____ Weight: _____

Test Dates:

White: _____

Yellow Low: _____

High: _____

Orange Low: _____

High: _____

Green Low: _____

High: _____

Blue Low: _____

High: _____

Brown 1st Temp: _____

1st Perm: _____

2nd Temp: _____

2nd Perm: _____

3rd Temp: _____

3rd: Perm: _____

Black Temp: _____

Perm: _____

1st Dan: _____

2nd Dan: _____

3rd Dan: _____

4th Dan: _____

5th Dan: _____

6th Dan: _____