

Chung Do Kwan/Shin Koo Hapkido

Free Trial Liability Release Form

Name: _____ Age: _____

Address: _____ Zip _____

Phone: _____ email: _____

In consideration of your acceptance of my participation for a one month free trial offer free of charge or future obligation. I do hereby, for myself, my heirs, executors, and administrators, waiver release, and forever discharge all rights and claims for damages which I may have or which may occur against Chung Do Kwan Taekwondo or Shin Koo Hapkido, their instructors, representatives, agents, and students; for any and all damages which may be sustained and suffered by me or any member of my family in connection with my one month trial membership or any related activity including traveling to and from class or any related event. I further understand that Chung Do Kwan Taekwondo and Shin Koo Hapkido will take precautions to insure my well being during class. I further recognize that Taekwondo and Hapkido are body contact sports and that participating I put myself at physical risk.

I understand that I am entitled up to six cost free classes during one thirty (30) day period beginning _____ and ending _____. I further understand that if I continue to participate in classes beyond the free trial period I am entitled to pay the appropriate fees as described on the written validation of fees.

Signature of Student: _____ Date: _____

Signature of Guardian (if under the age of 19) _____ Date: _____

Signature of Instructor: _____