

RUTLAND FAMILY TAE KWON DO SCHOOL SOCIETY
WAIVER AND ASSUMPTION OF RISK (TWO YEARS).

NAME OF APPLICANT:
ADDRESS: POSTAL CODE:
TELEPHONE: WORK:HOME:.....
E-MAIL ADDRESS:ours: danielchoo@shaw.ca
SEX: MALE FEMALE
DATE OF BIRTH & AGE:BELT:
MEMBERSHIP EXPIRE DATE: 31 August 200__.

WAIVER AND ASSUMPTION OF RISK

To: Rutland Family Tae Kwon Do School, Boys and Girls Club, Kelowna, and the directors and officers and agents thereof.

When accepted, this membership application shall form and define the terms of the agreement between Rutland Family Tae Kwon Do School, Kelowna, (employees or agents), and the member whose name is set forth above.

Rutland Family Tae Kwon Do School, Kelowna agrees to provide me with instructions and facilities for teaching tae kwon do at various levels and belt classifications set forth in this application.

I also understand that personnel trained in the procedures and traditions of tae kwon do will supervise classes, practice sessions and examinations. Official belt recognition and appropriate certificates will only be issued to me upon completion of full belt examination and payment of the examination fee.

I understand that strict observation by the member, of the rules and regulations attached hereto and relating to my training, will eliminate or reduce the possibility of accident or injury, and I hereto agree to observe same, failing which my membership may be terminated without refund or allowance.

I further acknowledge and agree:

(1) That the activities are very dangerous, exposing members to many risk and hazards, some of which are inherent in the very nature of the sport itself, and other which may result from gross negligence or fault on the part of the persons and others involved in preparing and organizing the tae kwon do lessons;

(2) That as a result of the aforesaid risks and hazards, I as a member may suffer personal injury, even death as a result of participation in the activities;

(3) Some of the aforesaid risks and hazards are foreseeable but others are not;

(4) That I nevertheless freely and voluntarily assume all of the aforesaid risks and hazards and that, accordingly, use of the facilities while participating in any of the activities shall entirely at my own risk;

(5) That I understand that none of the directors, officers, employees, agents assume any responsibility or liability whatsoever for my safety while I am participating in any of the activities, and I agree to wave any and all liability;

(6) That I carefully read this waiver and assumption of risk, that I fully understand same and freely and voluntarily execute the same; and

(7) That this waiver and assumption of risk is binding upon myself, my heirs, my executors, administrators, personal representatives, and assigns. I hereby expressly release the agents, employees, officers, Daniel Choo, boys and girls club and directors of Rutland Family Tae Kwon Do School Society from any and all liability, and waive as against them all recourse, loss of damages, including any consequential damages or loss, claims, causes of action of any kind whatsoever. I also voluntarily accept the legal risk, thereby expressly give up any right of action and the physical risk as rising from all liability whether such liability rises in contact, by any reason of gross negligence or by reason of breach of duty raised by statute, or in any other matter whatsoever. Any membership fees paid under this agreement are non-refundable.

Warning, by signing this document you give up your legal rights this document contains onerous and unusual clauses. Read thoroughly and carefully before signing.

I hereby certify and acknowledge I have read same and understand it fully.

NAME:

SIGNATURE:(Parent signature.

WITNESS:COSIGNER.....

DATE AT KELOWNA, B.C. THIS: DAY OF 200__.

Learning Objectives: (circle as many as apply)

- 1) Confidence 2) Self defense 3) Self discipline 4) Stress reduction
- 5) Fitness 6) Family activity 7) Meet people 8) Weight control 9) other

How do you hear about us?

- 1) Yellow Pages 2) Newspaper 3) Coupon 4) Flyers 5) Sign Board 6) Demo
- 7) Friends 8) Parkinson Rec. Guide 9) YMCA/YWCA Guide 10) B& G club
- 11) Others.

Rutland Family Tae Kwon Do School Society.

Membership Application(2 years).

Name:

Address:.....

Date of Birth / Age:..... Telephone.....

Total Payment: \$.00 (New member 2 Free Classes). Expire date : 31 August 200_.

I agree to take 2 Free classes / month(s) of lesson at Rutland Family Tae Kwon Do School Society for the tuition and arrangements as indicated on below.

The length of time allocation for the lessons is prorated at a minimum of one lesson/ week. I further understand that failure to complete the lessons does not relive me of my obligation to pay the tuition in full and that therefore this agreement is non-cancelable and non-refundable. Lessons are not conducted on national holidays or on days of tournament and testing.

I understand that under the terms of this agreement the Rutland Family Tae Kwon Do School Society obligates itself to furnish me with competent instructors and suitable facilities for teaching the lessons. Qualified personnel trained in the procedures and traditions of Tae Kwon Do as directed by Mr. Choo or his assistance instructors supervise all classes, practice sessions, examination and contest. Official belt recognition and certificate will be issued me upon completion of full belt examination.

By signing the Waiver and Assumption of Risk forming part of my membership application, I understand that I am assuming all risk and hazards, and I waive any claims of damages against Rutland Family Tae Kwon Do School Society and/ or its principal or instructor in any case resulting from the activity.

.....

.....

Student Signature
(Parent Signature if student is under 19 years old.)

Registrar.

Date: