

U.S. Taekwondo Academy

DAY CAMP

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OR RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

- In consideration of your acceptance of my participation or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors and administrators waive, release, discharge, covenant not to sue, agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against Chang's Martial Arts, Inc. d/b/a U.S. Taekwondo Academy and for this martial arts function, its organizing committee, and all members of this martial arts function, or their respective officers, committees, medical committee, staff, agents, representatives, successors, sponsors, advertisers, volunteers, owners and lesser of premises on which the martial arts function takes place, assignees and against any student for any and all damages which may be sustained by me or the minor child, in connection with me or entry in the above stated function, or which may arise out of traveling to, participating in, and returning from this martial arts function. I understand that all fees are nonrefundable.
- I understand the nature of U.S. Taekwondo Academy activities and believe that my experience and capabilities, or that of the minor child, to be qualified to participate in this martial arts function. I understand that U.S. Taekwondo Academy activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death. These risks and dangers may be caused by myself or the minor child's own actions, or inactions, and/or the actions or inactions of others participating in the martial arts function.
- I have read this agreement, fully understand it's terms, understand that I or the minor child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Participant's Printed Name	Participant's Signature	Date
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date



Questions:

443-243-4124

ustaekwondoacademy012@gmail.com

www.ustachang.com

Don't let your child stay home with nothing to do on a day off from school. Let them come and play with us! Your child will enjoy a fun-filled day of indoor sports, outdoor games and activities, and much more! Day camps run when schools are closed from 7:30 am - 5:00 pm and are available to children ages 5 & up.

WHO: **Everyone is welcome!!!**
 WHAT: **Day Camp**
 WHEN: _____, Additional Dates: _____
 Month Day

WHERE: **USTA – 109A N. Main Street, Bel Air, MD 21014**

COST: **\$20 → 9:00am – 3:30pm for After School Program (ASP)**
\$40 → 9:00am – 3:30pm for General Students
\$50 → 9:00am – 3:30pm for Friends & Family
\$5 → 7:30am – 9:00am Before Care
\$5 → 3:30pm – 5:00pm After Care

CASH PAYMENT ONLY & SPACES ARE LIMITED!!!

DEADLINE: **A week before day camp**



ACTIVITIES:

- **TAEKWONDO CLASS**
- **INDOOR/OUTDOOR GAMES & SPORTS**
- **FIELD TRIP TO CHUCK E. CHEESE'S**
- **PRIZES PLUS MUCH MORE!!**
- **LUNCH (PACK YOUR OWN; PEANUT-FREE)**

Please cut here

Please CIRCLE all that APPLY:		Cost	Date:	Date:	Date:
	ASP	\$20			
	Students	\$40			
	Friends	\$50			
	7:30-9:00am	\$5			
	3:30-5:00pm	\$5			

(Please Print legibly)

STUDENT'S INFORMATION			
Student's Last Name:		First Name:	Middle Name:
Street Address:			
Home Phone #	Cell Phone:	Email (Send information for changes in event)	
Belt/Rank:	Birth date: MM/DD/YY	Age:	Sex: <input type="checkbox"/> :M <input type="checkbox"/> : F

THE FOLLOWING IS REQUIRED TO BE ATTACHED TO THIS FORM
 (Student and/or Parent to check box indicating task is complete)

: Liability Waiver form on back signed

EMERGENCY CONTACT INFORMATION	
Name:	Relation:
Address:	Mobile Phone:

I agree to waive any and all claims against person in connection with U. S. Taekwondo Academy. This should also serve as permission to have your child transported and to receive all emergency health care attention needed if in case a situation does arise. As we are aware, young children are prone to mishaps. Although we will give every effort to have adequate supervision, occasionally accidents will happen. In the instance that an emergency arises we would need your specific permission to transport and have your child treated by a professional care giver/physician, etc. U. S. Taekwondo Academy reserves the right to remove any child from the program. This is for the safety and well being of all students and staff. X: _____ (initial)

STUDENT ACKNOWLEDGEMENT	
(Parent or Guardian must complete if student is 17 years or younger)	
I have read, understood, signed the Liability Waiver form. The above information is true to the best of my knowledge.	
_____ Parent (Print and Sign) or Guardian(Print Name and Relationship, then sign)	_____ Date: (MM/DD/YY)