

**Mike's Tae Kwon Do
Academy of Martial Arts**

Student/Parent Consent Form

Name: _____ Age: _____

Phone No: _____ Rank: _____

Address: _____

Organization(s): United States TaeKwonDo Federation (USNTF) & United States TKD Union (USTU)

Club/Facility: Vetta Sports Clubs

School Name: Mike's Tae Kwon Do Academy of Martial Arts

Instructor Name: Master Michael P. Rother

STUDENT RELEASE

In consideration of your acceptance of my registration, I do hereby, for myself and all concerned waive, release and discharge all rights and claims for damages which I may have or which may occur to me, against Mike's TaeKwonDo Academy, its Instructors and the Vetta Sports Club and all members, respective officers or agents of said organization for any and all damages which may be sustained by me in connection with the activities in which I willfully participate. I fully understand the School Rules and General Information of Mike's TaeKwonDo Academy of Martial Arts. Furthermore, I understand I may be dismissed from these premises if my conduct is not in accordance with Mike's TaeKwonDo Academy of Martial Arts and the Vetta Sports Club.

Student Signature: _____ Date: _____

PARENT OR GUARDIAN RELEASE

For the consideration stated above, I/We parent(s) or legal guardian(s), of the above minor consent to and approve his/her participation in the training of Tae Kwon Do at Mike's TaeKwonDo Academy of Martial Arts and agree to indemnify, save, hold this Academy or anyone involved in said Academy from any loss, cost or liability, expense or responsibility whatsoever arising directly or indirectly out of any injury said minor might sustain as a result of participation in this Academy's Tae Kwon Do training.

Parent Signature: _____ Date: _____