

# Cloquet Taekwondo

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## Buddy Days Registration Form & Waiver

Participant's Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Student's Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
School or employer: \_\_\_\_\_  
Please list/describe physical problems, limitations or disabilities: \_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

I the undersigned, as a registrant and participant during a "Buddy Day" at Cloquet Taekwondo, voluntarily submit my application for attendance and participation. As a part thereof, I fully recognize and acknowledge that this activity frequently involves vigorous physical activity and physical contact that may result in injury to others or myself despite safety precautions and rules. I enter such activity at my own risk and therefore assume full and complete responsibility for any and all damage, injuries, or losses that I may sustain or incur while attending or participating in this event. I do hereby release and further discharge Cloquet Taekwondo, Christopher Correia, all officers, assigns, operators, officials and other participants for any accidents, suits, damages, claims, or judgments that may result in any personal injury that I may sustain while participating in this event. I realize and acknowledge that I am solely responsible for any medical attention or treatment that I may need as a result of participating in this event. I declare that I am free from any physical defects or illness which may prohibit or inhibit my participation in this event. I acknowledge my full understanding that Taekwondo is a contact sport, which may result in injury to myself for which I am covered only by my own medical health insurance. If I am an adult signing this registration and liability waiver as a parent or a guardian of a person under the age of 18 years, I agree to indemnify Cloquet Taekwondo, Christopher Correia, all officers, assigns, operators, officials and other competitors from all liability loss or damage that said minor child or I may suffer as a result of claims, demands, costs, or judgments arising from any injuries suffered by said child for whom I am signing this liability waiver and indemnification.

Cloquet Taekwondo and its respective representatives, agents and employees shall not be responsible for damaged, lost or stolen articles, inside or outside the facility or site of instruction.

The participant irrevocably authorizes Cloquet Taekwondo, and its successors and assigns, and those acting under its authority, to copy, use, or publish, for art, advertising, trade, or any other lawful purpose, photographic portraits, pictures or videotapes of the participant.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_