

ADVANCED TAEKWONDO SYSTEMS, Inc.

ATHLETE INFORMATION

Name : _____

Date of Birth : _____

Parent/Guardian (if athlete is a minor): _____

Address : _____

Home Phone # : _____

Cell Phone # : _____

Email : _____

ADVANCED TAEKWONDO SYSTEMS, Inc.

PARTICIPATION AGREEMENT

If I (or my minor child) do not adhere to the relevant code of conduct, our participation can be terminated at the discretion of the staff of ATS.

ATS promises that it will provide Taekwondo instruction to the client according to the agreed upon fee schedule:

PAYMENT PROCESS

Payment is due by the 1st day of each month.

Checks should be made payable to: Advanced Taekwondo Systems, Inc.

Mail checks to: Advanced Taekwondo Systems, Inc.

P.O. Box 19086

Johnston , RI 02919

Adult Athlete's Printed Name

Adult Athlete's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

ADVANCED TAEKWONDO SYSTEMS, Inc.

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

In consideration of the enrollment of myself or my minor child, on behalf of myself or the minor child and on behalf of my and the minor child's heirs, executors, representatives, assigns and administrators, I do hereby forever waive, release, discharge, and covenant not to sue ADVANCED TAEKWONDO SYSTEMS INC., its successors and assigns (hereinafter "ATS"), NORTHEAST SPORTS TRAINING AND REHABILITATION, LLC and NORTHEAST SPORTS TRAINING, INC., their successors and assigns (hereinafter collectively, "NESTR") its and their agents, coaches, representatives, volunteers, owners, officers, members, directors, instructors, sponsors and the lessor of the premises at which ATS or NESTR activity takes place, from any and all demands, costs, damages, actions, causes of action or suits of any kind or nature, whether for personal injury, property damage or otherwise, that are in any way related to my or my minor child's participation in any ATS or NESTR activity.

I further agree, on behalf of myself and the minor child and on behalf of the minor child's heirs, executors, representatives, assigns and administrators, to indemnify and hold harmless ATS and NESTR its and their agents, coaches, representatives, volunteers, owners, officers, members, directors, instructors, sponsors and the lessor of the premises at which any ATS or NESTR activity takes place, from any and all liability arising from any and all claims (including for the negligence of any of them that may result in personal injury, accident, illness or death), demands, costs, attorneys fees, damages, actions, causes of action or suits of any kind or nature that are in any way related to my or my minor child's participation in any activity related to ATS or NESTR.

I fully understand the nature of Olympic-style Taekwondo sparring activities, full-contact kickboxing and the physical conditioning program required for such activities. Furthermore, I believe that my experience and capabilities, or those of my minor child, are sufficient to participate in the training programs provided by ATS and NESTR. I understand that the Taekwondo sparring and kickboxing activities along with the physical conditioning program required for such activities involve risks and dangers of serious bodily injury, including permanent disability, head injury, paralysis and death. These risks and dangers may be caused by myself or the minor child's own actions or inactions or by others participating in the activity. I acknowledge that I have assumed these risks.

In the event I am or my minor child is injured in any ATS or NESTR activity, I hereby authorize ATS and NESTR to provide medical treatment or assistance by licensed medical professionals or athletic trainers. On behalf of myself or the minor child and on behalf of my and the minor child's heirs, executors, representatives, assigns and administrators, I do hereby forever waive, release, discharge, and covenant not to sue ATS and NESTR its and their agents, coaches, representatives, volunteers, owners, officers, members, directors, instructors, sponsors and the lessor of the premises at which medical treatment or assistance is provided, for any medical treatment or assistance provided. I further agree, on behalf of myself or the minor child and on behalf of my and the minor child's heirs, executors, representatives, assigns and administrators, to indemnify and hold harmless ATS and NESTR its and their agents, coaches, representatives, volunteers, owners, officers, members, directors, instructors, sponsors and the lessor of the premises at which medical treatment or assistance is provided from any and all liability arising from any and all claims (including for the negligence of any of them that may result in personal injury, accident, illness or death), demands, costs, damages, actions, causes of action or suits of any kind or nature that are in any way related to the provision of any medical treatment or assistance. I further agree to pay for any and all financial obligations incurred as a result of any such medical treatment or assistance.

I have read this Agreement, fully understand its terms and understand that I or my minor child have given up substantial rights. I further acknowledge that both ATS and NESTR have relied on my execution of this Agreement as an inducement to enroll me or my minor child in the ATS Taekwondo (or kickboxing) Program. I represent and warrant to ATS and NESTR that I have signed this Agreement freely and without any inducement, coercion or assurance of any nature and that I intend it to be a complete and unconditional release of all liability and indemnification to the fullest extent allowed by the law. I fully acknowledge that if any portion of this Agreement is held to be invalid, the remaining portions 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

*I certify that I am over the age of 18 if this Agreement is not also signed by my Parent or Guardian.