

# USA Taekwondo Washington

*www.usatwashington.com*

## Participation Form

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: M / F Belt Rank: \_\_\_\_\_

Are you current USAT Member: Yes  No  USAT Membership #: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

If minor, Parent/Legal Guardian's Name: \_\_\_\_\_

Medical/health conditions that may affect your training? (Yes / No – If Yes, please explain): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Martial Arts Experience: \_\_\_\_\_ Belt Rank: \_\_\_\_\_

Taekwondo Club Name: \_\_\_\_\_

Taekwondo Club Location: \_\_\_\_\_ USAT Club # \_\_\_\_\_

I the above named hereby agree with the following:

1. I will observe and respect the rules/regulations of USAT.
2. I will observe and respect the rules/regulations of the host school and staff in charge.
3. All parents, coaches and guests of the participant will observe and respect the rules/regulations of the host school and USAT and the staff in charge.
4. I understand and agree that USA Taekwondo Washington, host school and the instructors will not be responsible for any damages or injuries what so ever arising while, the student is traveling to and from, or in this Taekwondo school, even if said injury or damage is caused by a student and/or employee or officer of the USA Taekwondo Washington or host school, or for any other reason.
5. Any photographs or motion pictures taken during USA Taekwondo Washington activities may be used for promotional purposes. I will not record, photograph or republish any media without prior written permission from USA Taekwondo Washington.
6. I am in a good physical condition and have no disability; impairment or ailment preventing me from engaging in active or passive exercise or that will be detrimental or inimical to my health, safety, comfort, physical condition or that of others.
7. I understand I may/will be suspended from participating in or receiving assistance from USA Taekwondo Washington if I break any of these terms.
8. Any donation made to USA Taekwondo Washington cannot be refunded.

I accept and agree to all the terms of the above.

Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(if minor 17 and under, legal guardian signature required)*

Accepted by \_\_\_\_\_ Date \_\_\_\_\_

Participation forms will be delivered to USA Taekwondo Washington (2302 Harrison Ave NW Ste. 205, Olympia, WA 98502) within 5 business days of the conclusion of the event.