

USA Taekwondo Washington

www.usatwashington.com

Application for Unofficial Workout or Event

Host Club: _____

USAT Club #: _____ Insurance Name/Policy #: _____

Host Club Owner: _____ USAT #: _____

Phone Number: _____ Email: _____

Workout Location Address: _____

City _____ Zip _____

Date of Event: _____ Hours of Event: _____

Description of Event (Who may participate, Who will be instructing, What will be focus, Fees, Equipment requirements):

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 USA Taekwondo Washington.
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 and its officers 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 unofficial 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. Participants will fill out and turn in Participation form provided by USA Taekwondo Washington before being allowed to participate.
8. I have liability insurance coverage and must add USA Taekwondo Washington to coverage.
9. Medic must be present during event.
10. All persons supervising this event must have USAT Membership and passed Safe Sport Background check through USAT.
11. I understand I may/will be suspended from participating in or receiving assistance from USA Taekwondo Washington if I break any of these terms.
12. If a fee is collected, a percentage (determined by USA Taekwondo Washington) of the fee will be donated to USA Taekwondo Washington within 7 business days of the event date.

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

Signature: _____ Date _____