



STUDENT AGREEMENT FORM

Robert Lee Taekwondo Centre

Email: _____

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ City: _____ Province: MB Postal Code: _____

Telephone: _____ Cell: _____

If minor, name of parent/guardian: _____ Relationship: _____

Telephone: _____ Email: _____

In case of Emergency, notify: _____ Relationship: _____

Telephone: _____ Email: _____

Do you participate in regular exercise/sport activity: [] No [] Yes

Have you participated in Martial Arts form before? [] No [] Yes If yes, what/where: _____

Are you currently taking any medications or have any physical limitations? [] No [] Yes If yes, explain: _____

How did you learn about *Robert Lee Taekwondo Centre*?

[] Personal Reference by _____

CONSENT FORM:

As a member of *Robert Lee Taekwondo Centre* I fully understand and agree:

THAT my presence and activities are completely at my own risk and I do hereby indemnify, release and forever discharge *Robert Lee Taekwondo Centre* or any branch of club locations of same, its instructors, members, agents and any other person or persons connected with the said *Centre* against and from all liability and responsibility, and for all claims for personal injuries or any loss or personal property sustained by me or injuries or damages to person or property of others caused by me while engaged in *Taekwondo* or in activities at the said premises, or while in or near the premises or place of activity of the said *Centre*.

THAT I will abide by the rules and regulations and conduct myself so that I will not disgrace the honour of the membership.

THAT I will not attempt to teach any of the aspects of *Taekwondo* elsewhere except with the express & written consent of the Master Instructor.

THAT I further agree that pictures and/or videos of me in connection with the *Centre* can be used for publicity or promotions without compensation at any other time.

THAT I will pay my membership fees when due, and in accordance with the regulations set down concerning such dues, and that the fees paid will cover the term for that period only, and that no credit or refund in any form shall be made when I do not attend classes for whatever reason.

Student Signature: _____ Parent/Guardian: _____ Date: _____