

**Pathways for Achievement Tae Kwon Do Student agreement and waiver**

I, \_\_\_\_\_ am a student of Pathways for Achievement Tae Kwon Do and agree to abide by the rules of the Dojang. I agree that Tae Kwon Do training has inherent risks of serious injury even with all reasonable precautions. To induce Pathways for Achievement to allow me to participate in Tae Kwon Do training, I (and my parent or guardian if under age 18) waive, release and remise any and all claims against Pathways for Achievement and its officers, employees and agents (hereinafter "Released Parties") of and from any and all claims arising from my participation in Tae Kwon Do training and agree to defend, indemnify and hold harmless the Released Parties from and against any liability related to my Tae Kwon Do training or other activities associated with Pathways for Achievement. I agree to assume the risk of injury or harm relating to such training and activities.

This agreement shall continue until cancelled in writing by either party. Both parties agree that should any portion of the agreement be found unenforceable by any court or other tribunal, the rest of the agreement shall remain in effect.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Student's Printed name** \_\_\_\_\_ **Primary Training Location:** \_\_\_\_\_

**Parent or Guardian's Signature** (if Student under 18) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian's Printed Name** (if Student under 18) \_\_\_\_\_

**Student Contact Information:** **email:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Getting Started Fees & Information:**

Membership Fee: \_\_\_\_\_ Date: \_\_\_\_\_  
Uniform and/or Patches: \_\_\_\_\_ Date: \_\_\_\_\_ (\*\*Patches required before 1<sup>st</sup> test.)  
(\*\*See your teacher if there is a need to make alternate arrangements for **patches**.)  
Partial Month: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Regularly Monthly Fee: \_\_\_\_\_ Starting: \_\_\_\_\_ Note: \_\_\_\_\_  
Other Notes: \_\_\_\_\_

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(Pathways for Achievement keeps this page.)