

Evolution Tae Kwon Do
Mailing Address: 203 Cooper Ave North Suite 300 St. Cloud MN 56303
St. Cloud Phone: 320-251-4900



Liability Waiver

Participant Name _____	Age _____	Birthday _____	-	_____	-	_____
Parent/Guardian Name (if under the age of 18) _____						
Address _____		City _____		State _____		Zip _____
Phone: _____		Work _____		Cell _____		
Email: _____						

Read Carefully Before Signing!!

Photo Release: I hereby grant the Evolution Tae Kwon Do permission to use myself, my son(s), my daughter(s) likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Evolution Tae Kwon Do and will not be returned. I hereby irrevocably authorize Evolution Tae Kwon Do to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Evolution Tae Kwon Do's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein myself/son(s)/daughter(s) likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

By signing this Liability Waiver, I fully recognize and acknowledge that Tae Kwon Do is a contact sport and may result in physical injury to myself and/or others. Having a full understanding of these risks, I wish to participate in the classes. I assume full and complete responsibility for any and all damages or injuries that I may sustain or incur, if any, while participating in any Tae Kwon Do activities. I do hereby release and further discharge Evolution Tae Kwon Do's owners, operators, any assistant instructors, or employees, for any personal injury that I may sustain while attending any class or activity. I also realize and acknowledge that I am solely responsible for any medical attention or treatment that I may need as a result of my participation.

Signed _____ Date _____

FOR PARENTS/GUARDIANS: By signing this Liability Waiver, I fully recognize and acknowledge that Tae Kwon Do is a contact sport and may result in physical injury to my child/ward. Having a full understanding of these risks, I permit my child/ward to participate in the classes. I assume full and complete responsibility for any and all damages or injuries that he or she may sustain or incur, if any. I do hereby release and further discharge Evolution Tae Kwon Do's owners, operators, any assistant instructors or employees, for any personal injury that my child/ward may sustain while attending any class or activity. I also realize and acknowledge that I am solely responsible for any medical attention or treatment that my child/ward may need because of his/her participation.

Signature of Parent/Guardian _____ Date _____

Print both parents' Names: _____