

# The Woodlands Taekwon Do

## GENERAL RELEASE AND WAIVER OF LIABILITY AGREEMENT

The undersigned Student ("Student") understands and acknowledges that it is a requirement as a condition of participation in any and all Classes, testings, tournaments, and other related events (each an "Event") conducted in whole or in part by The Woodlands Taekwon Do and/or its parent or affiliated companies, to enter into this General Release and Waiver of Liability Agreement, and to assume all risks of participation in the Event by signing below.

The Student on behalf of himself/herself and on behalf of the Student's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue The Woodlands Taekwon Do, its parent and affiliated corporations and charities, its officers, directors, shareholders, employees, contractors, or anybody else acting on behalf of The Woodlands Taekwon Do, the city(ies), county(ies), state(s) hosting the Event(s), any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from any and all liability to the Student and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to the Student, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with the Student's participation in the Event.

The Student represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. The Student is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. The Student hereby assumes all risks of loss(es), damage(s), or injury(is), including but not limited to physical injury or death, that may be sustained by him/her while participating in the Event. The Student agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation.

The Student acknowledges and agrees that The Woodlands Taekwon Do, in its sole discretion, may delay or cancel the Event for any reason. If the Event is delayed or canceled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God, rain, hail, hurricane, tornado, earthquake, or any other natural disaster, or any other cause beyond the control of The Woodlands Taekwon Do, there shall be no refund or compensation or any other costs incurred, directly or indirectly, by the Student in connection with the Event.

The Student warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing the Student to participate in the Event. THE STUDENT HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT. IF THE STUDENT IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT AND AGREE TO BE BOUND HEREBY. The Student's Parent's or Guardian's signature above certifies that, as his or her son/daughter/ward, the Student has the Parent's or Guardian's permission to participate in the Event. The Student's Parent or Guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. The Student's Parent or Guardian further certifies that his or her son/daughter/ward is in good physical condition and is able to safely participate in the Event. Parent or Guardian hereby authorizes medical treatment for the Student and grants access to the Student's medical records as necessary and as stated above.

THE STUDENT HAS READ THE FOREGOING, AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS GENERAL RELEASE AND WAIVER OF LIABILITY AGREEMENT.

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**Print Name**  
(Student)

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**Date**

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**Signature**  
(If a minor Parent/Legal Guardian)

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**Date of Birth**  
(Student)