



Unified Tae Kwon-Do



Spencerport Bible Church

1948 N Union St

Spencerport NY 14559

Date: _____

First Name: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Age: _____ Male Female

Email Address: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

I, the undersigned, hereby voluntarily participate in the Unified Tae Kwon-Do class, and do hereby release and waive any and all rights, claims, or actions that I or my heirs, successors or assigns may have against Unified Tae Kwon-Do, Master Richard Kanous, Spencerport Bible Church, it's owners, employees, instructors, and related members, for any damages or any other form of recovery from any liability resulting from injuries, mental or physical that I may incur as a result of my attendance and/or participation in the class. I am fully aware of my personal medical condition and hereby certify that I am mentally, physically and emotionally fit to participate fully in the Unified Tae Kwon-Do class at Spencerport Bible Church. Furthermore, I hereby waive any compensation whatsoever for the use of my photograph, media coverage, videotape statements, etc. utilized by the school and it's owners. I have read and understand the provisions of this agreement and am prepared to accept full responsibility to all terms of this agreement.

Signature: _____

Parent-Guardian Name: _____
(under 18 years of age)

Parent-Guardian Signature: _____