



# Unified Tae Kwon-Do Rocs

## Fitness Warehouse

54 Canning Rd  
Hilton NY

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 Rocs 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 Rocs, Master Richard Kanous II, 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 Rocs.*

*Furthermore, I hereby waive any compensation whatsoever for the use of my photograph, media coverage, videotapes, 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: \_\_\_\_\_