



Unified Tae Kwon-Do Rocs

Win-Jeff Plaza

3159 / 3259 S Winton Rd Suite 210
Rochester NY 14623

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, and the owner(s) of Win-Jeff Plaza for any damages or any other form of recovery from any liability resulting from in 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: _____