

Health Liability and Media Release Form

NAME OF STUDENT (print) _____ Age _____

As a student of Mt. Washington Taekwondo, I have agreed to participate in Taekwondo Classes held in The Mt. Washington Center Recreation Center and understand the risks listed below. I agree to follow all instruction given to me, knowing that a failure to do so will result in an increase of the following risks:

- Bruises,
- Cuts/scrapes,
- Concussion,
- Sprains or strains, and
- Bruised or broken bones.

FOR STUDENTS EIGHTEEN YEARS OF AGE OR OLDER:

In consideration of my participation in class, tournament, demonstration, or test, for myself, my heirs, executors, administrators, and assigns, I hereby waive and relinquish any and all rights, claims, demands, and causes of action which I may have and agree not to make any claim or file any lawsuit against the State of Ohio, the City of Cincinnati, The Cincinnati Recreation Commission (CRC), Mt. Washington Taekwondo, its trustees, officers, employees, agents, and coaches/instructors as well as the Taekwon Moodo Association (TMA) by reason of my participation in class, tournament, demonstration, or test. I also agree to indemnify Mt. Washington Taekwondo, The CRC, and The City of Cincinnati, and their employees from any damages or injuries that I may cause through my participation in class, tournament, demonstration, or test. I have been advised of the nature of class, tournament, demonstration, or test, including any special risks, and I agree to follow any safety instructions, and to be personally responsible for my behavior and myself.

I have read and agree to the above.

Signature of Adult Student

Date

FOR STUDENTS UNDER THE AGE OF EIGHTEEN

I hereby give permission for my son, daughter, or ward to participate in class, tournament, demonstration, or test. As his/her parent or guardian, in consideration of his/her participation in class, tournament, demonstration, or test, for myself, my heirs, executors, administrators, and assigns, and on behalf of my child(ren) or ward, I hereby waive and relinquish any and all rights, claims, demands, and causes of action which any of us may have and agree not to make any claim or file any lawsuit against the State of Ohio, the City of Cincinnati, The Cincinnati Recreation Commission (CRC), Mt. Washington Taekwondo, its trustees, officers, employees, agents, and coaches/instructors as well as the Taekwon Moodo Association (TMA) by reason of participation in class, tournament, demonstration, or test. I also agree to indemnify Mt. Washington Taekwondo, The CRC, and The City of Cincinnati, and their employees from any damages or injuries that my child(ren) or ward may cause through participation in class, tournament, demonstration, or test. I am aware of the nature of class, tournament, demonstration, or test, including any special risks, and I have advised my child(ren) or ward of the need to follow any safety instructions, and to be personally responsible for his/her behavior.

EMERGENCY TREATMENT AUTHORIZATION AND RELEASE

I authorize the treatment of my child(ren) or ward at class, tournament, demonstration, or test if he or she becomes ill or is injured while participating in class, tournament, demonstration, or test, if I am not present. Although an effort will be made to contact parent(s) or guardian, I hereby authorize medical treatment, including hospitalization or surgery, in the event I cannot be reached.

I have read the above and agree on behalf of my child(ren) or ward.

Signature of Parent or Legal Guardian

Date

MEDIA RELEASE

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I hereby give permission for Mt. Washington Taekwondo to use pictures, videos, and identifying information of _____ for media/advertising purposes. I
Name of Student

understand that I have the right to ask for removal of a picture, video or personal information at any time.

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I DO NOT give permission for Mt. Washington Taekwondo to use pictures, videos, or personal information of _____ for media/advertising purposes.
Name of Student

Signature of Student or Guardian

Date