



Team Players Taekwondo Center, Inc.

3711 Main Street ~ Hilliard, Ohio 43026

(614) 876-1990 ~ www.playerstkd.com

Sunrise Academy Agreement to Participate

Applicants Full Name: _____ Date of Birth: ____/____/____
 Address: _____ City: _____ Zip Code: _____
 Telephone Number: (____) _____ Email: _____

Waiver: In consideration of being permitted to participate in any Team Players activities, I, for myself, my personal representatives, assigns, heirs and next of kin:

- A. Acknowledge, agree and represent that I understand the nature of Taekwondo Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity.
- B. Fully understand that: a) Taekwondo activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("Risks"). b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the activity takes place, or the negligence of the "Released" named below. c) there maybe other Risks and social and economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all such Risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.
- C. Hereby release, discharge and covenant not to sue Team Players Taekwondo Center, Inc. and/or Sunrise Academy, the clubs, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, Owners, Lease's of premises on which the Activity takes place, (each considered one of the Release herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to cause in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, or anyone on my behalf, makes a claim against any of the Released, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. If signing for a minor as parent or legal guardian, I understand the nature of Taekwondo activities and the minor's experience and capabilities and believe the minor as to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby releases, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the Release's from all liability, claims, demands, losses or damages on the minor's account causes or alleged to be caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operation and further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the Releases named above, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature of Parent/Guardian: _____ Date: _____

- 5-Week Training Program. Classes begin **May 3, 2010** and run through **June 4, 2010**
 Classes will be held at Sunrise Academy Gymnasium right after school.
 Tuesday's and Thursday's (8-13 years old) \$109.00 X ____ (# of children)= \$ _____
 Wednesday's (5-7 years old) \$99.00 X ____ (# of children)= \$ _____
 - Sunrise/Team Players Short Sleeved T-Shirt \$17.00 each X ____ (#)= \$ _____
 Color: Black White Size: CS CM CL AS AM AL
 - Sunrise/Team Players Long-Sleeved T-Shirt \$20.00 each X ____ (#)= \$ _____
 Color: Black White Size: CS CM CL AS AM AL
- TOTAL DUE: Full payment must be made prior to child participating in classes \$ _____

Payment Methods: Cash, Check (Made out to Sunrise Academy), Money Order

*All participants must have a Team Players Uniform (and wear it to the classes).

For office use only

PAID: CASH CHECK MONEY ORDER Initials: _____