

North Shore Taekwondo
8 S. 12th Ave. East, Duluth, MN 55802
(218) 722-1566 info@duluthmartialarts.com

Visitor Registration Form & Waiver

Participant's Name: _____
DOB: _____ Age: _____ Gender: _____
Student's Address: _____ Zip: _____
Home Phone: _____ Work Phone: _____ E-mail: _____
School or employer: _____
Please list/describe physical problems, limitations or disabilities: _____

Emergency Contact:

Name: _____
Relationship to Student: _____
Address: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Email: _____
Employer: _____

I the undersigned, as a participating visitor of a class or program at, or conducted by, North Shore Taekwondo or Cloquet Taekwondo, voluntarily submit my application for attendance and participation. As a part thereof, I fully recognize and acknowledge that this activity frequently involves vigorous physical activity and physical contact that may result in injury to others or myself despite safety precautions and rules. I enter such activity at my own risk and therefore assume full and complete responsibility for any and all damage, injuries, or losses that I may sustain or incur while attending or participating in this event. I do hereby release and further discharge North Shore Taekwondo, Cloquet Taekwondo, Achievement Enterprises, LLC, all officers, assigns, operators, officials and other participants for any accidents, suits, damages, claims, or judgments that may result in any personal injury that I may sustain while participating in this event. I realize and acknowledge that I am solely responsible for any medical attention or treatment that I may need as a result of participating in this event. I declare that I am free from any physical defects or illness which may prohibit or inhibit my participation in this event. I acknowledge my full understanding that Taekwondo is a contact sport, which may result in injury to myself for which I am covered only by my own medical health insurance. If I am an adult signing this registration and liability waiver as a parent or a guardian of a person under the age of 18 years, I agree to indemnify North Shore Taekwondo, Cloquet Taekwondo, Achievement Enterprises, LLC, all officers, assigns, operators, officials and other competitors from all liability loss or damage that said minor child or I may suffer as a result of claims, demands, costs, or judgments arising from any injuries suffered by said child for whom I am signing this liability waiver and indemnification.

North Shore Taekwondo/Cloquet Taekwondo and its respective representatives, agents and employees shall not be responsible for damaged, lost or stolen articles, inside or outside the facility or site of instruction.

The participant irrevocably authorizes North Shore Taekwondo/Cloquet Taekwondo, and its successors and assigns, and those acting under its authority, to copy, use, or publish, for art, advertising, trade, or any other lawful purpose, photographic portraits, pictures or videotapes of the participant.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____