



# U.S. TAE KWON DO COLLEGE

Self Defense & Family Fitness Center

## FREE TRIAL MEMBERSHIP AGREEMENT

Location: 2930 – A Patrick Henry Dr. Falls Church VA, 22044

Email [ustc7c@gmail.com](mailto:ustc7c@gmail.com) or text 571-618-8272 for Time Confirmation.

## PARENT INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you (or your child) have any physical challenges that we should know about? \_\_\_\_\_

Please circle the three that are most important benefits to your child:

Discipline	Confidence	Respect	Self-Control	Self Defense	Fitness	Focus
Weight Control	Improve Grades	Sports Involvement	Flexibility	Fun		

## STUDENT INFORMATION:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Current School Attending: \_\_\_\_\_

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All classes, practice sessions, sparring sessions, and contests are conducted by our instructor and are supervised with reasonable care taken to prevent any injury and to minimize accidents. However, because of the strenuous nature of Tae Kwon Do and combative activities, no one can positively assure the student or instructor that injury will not result during properly supervised practice sessions, instructional periods and or contests.

THEREFORE, I hereby for myself/my heirs/ executors/ administrators/assigns, waives, release and forever discharge any and all right and claims for damages which I may sustain in connection with any practice, class, sparring session, contest, athletic event, or traveling to/from such endeavors.

I AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF U.S. TAE KWON DO COLLEGE (hereinafter referred to as "the school")

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PARENT/BUYER SIGNATURE

DATE