

LASER TAG NIGHT

**FRIDAY SEPTEMBER 19TH
6:30 PM TO 7:45 PM
\$35 PER PARTICIPANT
AGES 7-11
PLEASE ASK FOR PAYMENT DETAILS**

TERMS OF CONSENT

PAYMENT POLICY: I UNDERSTAND THAT PAYMENT IS DUE BEFORE THE EVENT BEGINS. PAYMENT METHOD IS THRU **VENMO OR CASH**. I UNDERSTAND THAT THESE DAY CAMPS ARE SUBJECT TO CANCELLATION TO LOW ATTENDANCE OR SEVERE WEATHER. THIS EVENT HAS A MAX CAPACITY. **EARLY REGISTRATION FOR PARTICIPATION IS HIGHLY RECOMMENDED. THIS EVENT IS OPEN TO THE PUBLIC**

WAIVER AND RELEASE: I, AS THE CHILD'S GUARDIAN, FULLY RECOGNIZE THAT MARTIAL ARTS INVOLVES STRENUOUS PHYSICAL EXERCISE AND I AM FULLY AWARE OF THE RISKS OF INJURY, FATALITY, AND/OR ILLNESS INHERENT IN PARTICIPATION IN ANY FITNESS OR MARTIAL ARTS PROGRAM, AND I HAVE TAKEN ALL REASONABLE STEPS TO DETERMINE AND HEREBY WARRANT THAT MY CHILD (REN) IS (ARE) IN GOOD HEALTH AND PHYSICALLY CAPABLE OF PARTICIPATING IN THE PROGRAMS OFFERED BY U.S. TAEKWONDO COLLEGE. I UNDERSTAND AND AGREE THAT ALL PARTICIPATION IN ANY SUCH PROGRAM OR USE OF ANY EQUIPMENT ON OR OFF THE PREMISES, INCLUDING FIELD TRIPS, SHALL BE AT OUR OWN RISK. I AUTHORIZE THE PERSONNEL OF U.S. TAEKWONDO COLLEGE TO TRANSPORT MY CHILD (REN) TO AND FROM U.S. TAEKWONDO COLLEGE FOR ANY EVENT, AND IN THE CASE OF A MEDICAL EMERGENCY, I AUTHORIZE U.S. TAEKWONDO COLLEGE TO SEEK MEDICAL ATTENTION FOR MY CHILD (REN) LISTED BELOW. I AUTHORIZE THE ATTENDING PHYSICIAN TO PERFORM ANY EMERGENCY TREATMENT THAT IS DEEMED NECESSARY. I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS U.S. TAEKWONDO COLLEGE AND ITS' OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS FROM AND AGAINST ALL CLAIMS, DEMANDS, DAMAGES, COSTS AND LIABILITIES OF ANY KIND OF ANY KIND OF NATURE, INCLUDING ATTORNEY'S FEES AND COSTS, FOR ANY INJURY, HARM OR FATALITIES OF MYSELF DIRECTLY OR INDIRECTLY OUT OF OR IN VIRTUE OF OUR PRESENCE AT U.S. TAEKWONDO COLLEGE BY VIRTUE OF THIS AGREEMENT OR ANY THIRD PARTIES WHICH ARISE TO THEIR PRESENCE AT U.S. TAEKWONDO COLLEGE.

LOSS, DAMAGE, AND THEFT OF PROPERTY: I UNDERSTAND AND AGREE THAT U.S. TAEKWONDO COLLEGE, ITS OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES SHALL NOT BE HELD RESPONSIBLE FOR ANY PERSONAL PROPERTY WHICH IS DAMAGED, LOST OR STOLEN IN OR AROUND OUR FACILITY OR ANY OFF-PREMISES EVENT AND FIELD TRIPS.

PHOTOGRAPHIC EQUIPMENT: I HEREBY AUTHORIZE U.S. TAEKWONDO COLLEGE TO UTILIZE SUCH PHOTOGRAPHS, VIDEO FOOTAGE, AND/OR VOICE TRANSCRIPTIONS WITHOUT RESTRICTIONS FOR ANY COMMERCIAL PURPOSE, INCLUDING BUT NOT LIMITED TO THE PROMOTION AND MARKETING OF OUR SCHOOL AND I AGREE THAT I NOR ANY PARTY ACTING ON MY OR MY CHILD (REN)'S BEHALF SHALL NOT BE ENTITLED TO RECEIVE COMPENSATION OF ANY KIND.

STUDENT NAME: _____ AGE: _____

STUDENT NAME _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____ TEL #: _____

EMAIL: _____

PARENT/GUARDIAN'S SIGNATURE: _____