

Steve's TKD Jidokwan

Women's Self-Defense Clinic (WSDC) Application

Name: _____ Date _____
(Print Clearly)

Address: _____
_____ Zip Code _____

Phone: _____

Emergency Phone: _____ Contact: _____

LIABILITY WAIVER

I, the undersigned do hereby voluntarily submit my application for attendance and participation of WSDC, and do hereby assume full responsibility for any and all damages, injuries or losses that may incur, if any, while attending or participating in the WSDC. I hereby waive all claims against the promoters, sponsors, and teachers, Steve Miller, Steve's TKD Jidokwan of said individually or otherwise, for any damages, injuries, or losses that I may incur. I fully understand that any medical treatment given to me will be of the first aid treatment only. I consent that any pictures furnished by me or any pictures taken of me in connection with this WSDC can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto. Otherwise, I will inform the aforementioned prior to participation of WSDC of "No Photo-No Media" in writing. I have read and fully understand the waiver (if under 19 this form must be signed by a parent or legal guardian).

Signature: _____ Date: _____

Parent / Legal Guardian Signature: _____
(Required for participants under 19 years old)