**Park’s Martial Arts Academy**

# **Tae Kwon Do & Hapkido**

Course :       weeks or       months

Name:     ,

Street Address:      ,

City:     , State:      , Zip Code:      ,

Phone number (     ) -       -

I hereby agree to take a training course in Martial Arts at Park’s Martial Arts Academy beginning on

Click here to enter a date..

At all classes, practice sessions, and events conducted by the school, reasonable care is taken to prevent serious injuries and to minimize accidents, and it is required that students obey the rules and regulations of the school. Recognizing that the strenuous nature of this activity involves risk of injury, I agree to hold the school, its officers, instructors, guests, and members free and harmless from any liability or damages. Down payment is nonrefundable. Testing fees are not included in tuition.

I have read and understand this agreement.

Dated Click here to enter a date.

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## Students Signature

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## Parent or Guardian’s Signature