Park's Martial Arts Academy Tae Kwon Do & Hapkido

Month (or Week) Co	urse	
l,	, residing at	
(Student First & Last Name)		(Street Address)
City of	, State of	, (Zip Code)
and home phone of		hereby agree to
	^{ne Number)} artial Arts at Park's Mar	tial Arts Academy beginning on

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_____, _____.

Students Signature

Parent or Guardian's Signature