

# ANIKA TAE KWON DO (ATKD)

## TRIAL CLASS / INTRODUCTORY SESSION WAIVER

(Minor Participant)

I understand that participation in a trial or introductory martial arts class involves physical activity and inherent risks, including the possibility of injury.

I voluntarily permit my child to participate in a trial class at ANIKA TAE KWON DO (ATKD) and confirm that my child is physically and medically able to do so.

To the fullest extent permitted by law, I release and waive all claims against ANIKA TAE KWON DO (ATKD), its owners, instructors, staff, and representatives for injuries or damages arising from participation, including those caused by ordinary negligence.

In the event of an emergency where I cannot be reached, I authorize ANIKA TAE KWON DO (ATKD) to obtain emergency medical treatment for my child at my expense.

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



