



USTMA LIABILITY WAIVER

United States Taekwondo Martial Arts Academy
 9 Cardinal Park Drive S.E. Leesburg VA 20175 | info@ustma.com | 703 777 1000

USTMA agrees to notify the student's parent(s)/guardian(s) designated on the front of this form if the child becomes ill and the student's parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so required. The student's parent(s)/guardian(s) authorized USTMA to obtain immediate medical care for the student if any emergency occurs and the parents/guardians cannot be immediately contacted. The student's parent(s)/guardian(s) agree to inform USTMA with in 24 hours of the next business day after the child or any member of the immediate household has developed reportable communicable disease, as defined by the Stated Board of Health, except for life threatening diseases which must be reported immediately. I understand that strict observance of the rules and regulations of USTMA relative to the provided training will largely eliminate the possibility of accident or injury. However, I hereby waive any claims of personal injury or damage against USTMA, its principles, coaches, instructors, agents or employees in any case resulting from the subject activity. If any injury should occur, I will file the claim through my own insurance carrier. I give permission for my children to be photographed during the course of regular activities to be used for USTMA advertising and social media. I understand that all incurred fees are non-refundable and non-transferable.

By signing below I agree to comply with all USTMA policies and rules, including but not limited to all USTMA policies, guidelines, signage and instruction. Because USTMA is open for use by other individuals, I recognize that me and my family are at higher risk of contracting COVID-19. With full awareness of appreciation of the risks involved, I, for myself and on behalf of my family hereby forever release, waive and discharge USTMA from any liability specifically related to COVID-19. I hereby acknowledge and represent that I have read the forgoing Waiver of Liability, understand it and sign it voluntarily as my own free act.

Guardian:	PRINT	SIGN	Date: ___ / ___ / ___
USTMA Rep:	PRINT	SIGN	Date: ___ / ___ / ___

STUDENT EMERGENCY CONTACT INFORMATION

Child's Full Name:			
Guardian Name:			
Contact:		Email:	
Allergies or Intolerances & Emergency Action Plans:			
Primary Physician:		Phone No:	
Insurance Carrier:		Policy No:	