

USTF REFEREE SEMINAR RELEASE FORM

Name: _____ USTF School: _____

Rank: _____ Age: _____ Sex: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Initial Seminar:	\$75.00	\$ _____
Refresher Seminar:	\$35.00	\$ _____

Make checks payable to Fairchild Taekwon-Do

USTF Taekwon-Do Referee Seminar
Liability and Photograph Release

In consideration of my and/or my child's participation in this event, I hereby, for myself and for and on behalf of my child, indemnify, release, forever discharge and agree to hold harmless the Seminar Promoters, Fairchild Taekwon-Do, Kirk Steadman, The United States Taekwon-Do Federation, Inc. and the officers, employees and agents thereof, from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever, including reasonable attorney fees, which may be incurred by the undersigned and/or the child participant while participating in this event.

I clearly understand that the sport of Taekwon-Do involves bodily contact. I am aware of my, and my child's personal medical condition and hereby certify that my, and or/my child's participation is voluntary, and that I and/or my child are mentally and physically fit to participate in this event.

I hereby consent to and authorize the taking of photographs or videotape in which I and/or my child may appear. I hereby waive for myself and for and on behalf of my child, all rights of privacy in and to any said photographs or videotapes, including without limitation, any and all claims for the libel and/or invasion of privacy. I hereby grant for myself and for and on behalf of my child, to the Promoters the irrevocable right and permission, in respect to the photographs or video tapes that are taken or have been taken of me to use, reuse, publish, re-publish, modify and display the same, in whole or in part, individually or in conjunction with other photographs, and in conjunction with any other copyrighted matter, in any and all media now and hereafter know, for illustration, promotion, art, advertising and trade, or any purpose whatsoever; and to use my name in connection therewith if it so chooses.

Signature: _____ Date: _____

Parent or Guardian (if under 18) _____

My health insurance is through _____ and is current. You MUST provide current information in order to participate. Participants must be at least 12 years old or have their instructors written permission.