



_____’s Birthday Party
Saturday, _____
12:45-2:00pm



Liability Waiver: In consideration of your acceptance of participation at the birthday party on the above mentioned date at Bill Cho’s National Taekwondo Academy (United Taekwondo Center), I do hereby , as guardian of child(ren) below, for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which may have, or which may accrue against the United States Martial Arts TaeKwonDo Federation, Bill Cho’s National TaeKwonDo Academy, United Taekwondo Center, all members, representatives, successors and /or assigns in part or in whole, they are released for any and all damages which may be sustained in connection with my association with my participation in or entry in the above event and in connection with any medical services provided in connection with any injury and or illness or medical condition.

Child(rens) Name(s): _____

Age(s): _____

Guardian Name(s): _____

Emergency Phone: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Guardian Signature: _____ Date: _____

Would you like a staff member of Bill Cho’s United Taekwondo Center to contact you to provide additional information about one of the following events:

Please select all areas of interest so that we may provide you with event details:

- | | | |
|---|----------------|--|
| PRIVATE LESSONS | LITTLE TIGERS | SELF DEFENSE SEMINARS |
| CARDIO | FAMILY CLASSES | BIRTHDAY PARTIES |
| BULLY BUSTER | FUNDRAISERS | KID SAFE 911 (excellent for Boy/Girl Scout Troops) |
| COMPLIMENTARY Evaluation or Trial Class | | FREE Demo Team Performances (for your event) |



Bill Cho’s United Taekwondo Center
Where Families Grow Strong Together