



**J. W. KIM TAEKWONDO:
LEADERS IN PERSONAL ACHIEVEMENT SINCE 1995**

"It is so great to send (my boys) to class and know that they are learning valuable lessons in honor, discipline, and focus."

"The most important thing Taekwondo taught me was with the right attitude I could accomplish anything I wanted."



LET'S LEARN TAEKWONDO!!!

Taekwondo is a great compliment to your student's education. Taking Taekwondo will help your child with focus, discipline, self-confidence, and other essential life skills.

J.W. Kim Taekwondo will be offering an introductory program at Belleview Elementary School. Class dates will be held on Fridays following the schedule below:

Fall: August 30	September 6, 13, 20, 27	October 4, 11, 25	November 1
Winter: January 17, 24, 31	February 7, 14, 21, 28		
Spring: March 27	April 3, 10, 17, 24	May 1	

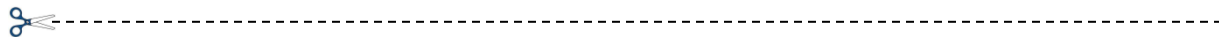
Classes will run immediately after school from 2:45 until 3:40 in the gym.

The cost is \$144 per session and \$45 for the uniform. J. W. Kim Taekwondo will donate 10% of the tuition to Belleview! For questions regarding session content call Grand Master Kim or Master Mike at 303-488-9730 or email Master Mike at mastermike@jwkimtkd.com. Family discounts are available for multiple family members. Please make checks payable to J.W. Kim Taekwondo.

Please mail registration form and payment to:

J.W. Kim Taekwondo
5135 S. Yosemite Street
Greenwood Village, CO 80111

Please return this form no later than three (3) days prior to the session start date to guarantee your student's spot.* You may also register online at <http://www.jwkimtkd.com/after-school-programs.html>.



I would like my child, _____, to participate in the Belleview extracurricular Taekwondo program.

Please circle the session(s) you would like to register for.

	Fall	Winter	Spring	All Sessions
Parent's Name (Print):	_____	_____	_____	_____
Parent's Phone Number:	_____	_____	_____	_____
Parent's E-mail:	_____	_____	_____	_____
Child's Teacher & Grade:	_____	_____	_____	_____

____ I have read the liability waiver on the reverse side of this form and agree to its terms (**Initial** in the blank to the left)

Parent/Guardian Signature: _____

Contact us at: 303-488-9730 • www.jwkimtkd.com • mastermike@jwkimtkd.com

Tenets of Taekwondo: Courtesy • Integrity • Perseverance • Indomitable Spirit • Self-Control





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* A minimum of 5 students participating per session is required for the program to be held.

J. W. KIM TAEKWONDO

RELEASE, WAIVER OF LIABILITY, HOLD HARMLESS, AND ASSUMPTION OF RISK AGREEMENT

Waiver of Liability/Assumption of Risk. In consideration for the right to participate in the martial arts program through J. W. Kim’s Taekwondo (the “School”), the undersigned agrees as follows: The undersigned acknowledges that the practice of Taekwondo and other martial arts and activities involved in the Taekwondo program (the “Program”) involves certain inherent risks and hazards that might result in serious injury, including permanent disability or death. The undersigned freely agrees to assume and accept any and all known and unknown risks of injury, death, damages, or loss, regardless of severity, while participating in the martial arts Program through the School at the instructional location(s) (the “Location(s)”), and activities outside the Location(s), such as tournaments, seminars, demonstrations, and School-sponsored gatherings (“Additional Activities”). The undersigned understands that they have the right and duty to inspect the mats, equipment, and facilities to be used and that if they believe anything is unsafe, they will immediately advise the School and refuse to participate. The undersigned hereby FULLY RELEASES, WAIVES, DISCHARGES, COVENANTS NOT TO SUE, INDEMNIFIES and HOLDS HARMLESS the School, its affiliated schools or clubs and the School’s or affiliated schools and clubs’ administrators, members, officers, directors, shareholders, agents, coaches, instructors, supervisors, employees, independent contractors, volunteers, other participants, owners, lessors, successors, and assigns (collectively the “Releasees”), from any and all claims, demands, losses, damages, judgments, awards, and/or related expenses (including, but not limited to, attorneys fees and court costs) incurred as a result of any injury, including permanent disability or death, damage to property, or any other type of injury or damage caused or alleged to be caused in whole or in part by the negligence of any Releasee or otherwise or in any way related to the participation of the student in any activity conducted by the School at the Location(s) or at Additional Activities. The undersigned represents that the student is in good physical condition, is not suffering from any heart, lung, or other major ailments, and is in all respects physically fit to engage in the martial arts and fitness program provided by the School at the Location(s) and at Additional Activities. The undersigned is advised that strict observance of the rules and regulations of the School and the martial arts training program provided therein is mandated and includes the use of protective equipment. The School does not warrant that the protective equipment will eliminate the possibility of accident, injury, or death but may reduce the risk thereof. Physical contact will be used by instructors and employees of the School, other students, and authorized individuals under the School’s supervision as part of the course of instruction. The undersigned is advised of this fact and gives full consent to any physical contact as may be required or customary to martial arts training. The undersigned agrees to the terms hereof on its own behalf, on behalf of their minor child/children/ward, and on behalf of their own and their minor child’s/children’s/ward’s heirs, personal representatives, next of kin, executors, administrators, and assigns.

I HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND UNDERSTAND THAT BY SIGNING IT I HAVE GIVEN UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SCHOOL AND OTHERS AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT.

Signature of Student (or Parent/Legal Guardian if Student is a minor)

Date

Name of Parent

Name of Student(s)