

# Colorado Blue Wave Martial Arts

## Waiver and Release of Liability

### Child/Youth under 18 years old

#### Acknowledgement of Risk:

I the undersigned as parent/legal guardians of \_\_\_\_\_ (print students full name) understand that participation in Colorado Blue Wave Martial Arts (hereafter COBWAMA) is not without risk. Tae Kwon Do like any physical exercise carries with it the possibility of serious injury and even death. I understand that this risk exists, and I voluntarily allow my child to attend COBWAMA and are not encouraged or forced to do so.

I hereby agree to hold all COBWAMA instructors, COBWAMA volunteers, other COBWAMA participants, Tae Kwon Do Chung Do Kwan Schools (TCS), or any individuals associated with the above organizations harmless of any and all liability pursuant to my child's participation in COBWAMA. I further agree that if my child's participation in COBWAMA results in his/her injury or death, that I will not hold any of the above entities liable. I further acknowledge that such an injury could not only be the result of my child's own: negligence, action or inaction but also the result of the negligence, action or inaction of others, the COBWAMA, the Tae Kwon Do Chung Do Kwan Schools rules, the martial art of Tae Kwon Do, the condition of the premises or any equipment used. Knowing this risk I voluntarily agree to my child's participation and hereby assume all responsibility for any such injury, permanent disability or death that she/he may incur.

I understand that no health coverage is provided for students and that any medical treatment necessary because of an injury incurred during COBWAMA training will be covered by myself or my own insurance. In addition, any treatment given for an injury while my child is attending COBWAMA will be of a first-aid nature only. I understand that possible injuries include (but are not limited to): loss of eye, loss of knee function, broken bones, concussion, sprained joints, paralysis, and even death. My child is in good health or has medical approval to engage in a martial arts program.

I understand that my child must take care, at all times to avoid injury to himself/herself or to other students. Moreover, reckless students will be disciplined by non-participation. Students that continue to be disruptive or reckless will be expelled from classes, at the instructor's discretion.

**Ability to use photos, likeness or quotes:** I agree that COBWAMA and TCS can use photos, digital images, other likenesses, as well as quotes of my child for promotional materials, or on their web-sites. COBWAMA will NOT use full names or home address in any material for children under the age of 18 years old.

**Acknowledgement of risk in the outdoors:** Because this event is outside, weather conditions, may change rapidly and unpredictably and cause injury directly (for example, rain or hail storms, sunburn, lightning strikes and the like). There is also the possibility of injury or death from unexpected or unseen obstacles in the natural environment due to falling, tripping, slipping, insect or animal contact, unstable surface conditions, falling rocks or objects and the like. Nearby streams and lakes present the risk of injury or drowning. Because this is a wilderness environment emergency medical service is not immediately available, and as such there is the risk that an injury will become more serious or will cause death because expert medical care was not immediately available.

**Medical authorization** If medical treatment is necessary. I authorize COBWAMA instructors, advisors, and/or volunteers to secure appropriate medical care for my child if they are injured during the event. This could include, but is not limited to: first aid, hospitalization, injections, and transport to ER, surgery, or anesthesia.

**Health conditions requiring treatment while on-site:** Medical conditions or medicines that will be required to be taken while on-site. \_\_\_\_\_

**I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY. I AGREE TO THE PARTICIPATION OF MY CHILD FULLY KNOWING THE RISKS INVOLVED AND DO SO ENTIRELY OF MY FREE WILL.**

Signed

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Date

# Colorado Blue Wave Martial Arts

## Waiver and Release of Liability

### Adult over 18 years old

#### Acknowledgement of Risk:

I the undersigned \_\_\_\_\_ (print students full name) understand that participation in Colorado Blue Wave Martial Arts (hereafter COBWAMA) is not without risk. Tae Kwon Do like any physical exercise carries with it the possibility of serious injury and even death. I understand that this risk exists, and I voluntarily choose to attend COBWAMA activities and am not encouraged or forced to do so.

I (we) hereby agree to hold all COBWAMA instructors, COBWAMA volunteers, other COBWAMA participants, Tae Kwon Do Chung Do Kwan Schools (TCS), or any individuals associated with the above organizations harmless of any and all liability pursuant to my participation in COBWAMA. I further agree that if my participation in COBWAMA results in my injury or death, that I will not hold any of the above entities liable. And in the event of my death, my heirs will not hold any of the above entities liable. I further acknowledge that such an injury could not only be the result of my own: negligence, action or inaction but also the result of the negligence, action or inaction of others, the COBWAMA, the Tae Kwon Do Chung Do Kwan Schools rules, the martial art of Tae Kwon Do, the condition of the premises or any equipment used. Knowing this risk I voluntarily agree to my participation and hereby assume all responsibility for any such injury, permanent disability or death that may incur.

I also understand that no health coverage is provided for students and that any medical treatment necessary because of an injury incurred during COBWAMA training will be covered by myself or my own insurance. In addition, any treatment given for an injury while I am attending COBWAMA will be of a first-aid nature only. I understand that possible injuries include (but are not limited to): loss of eye, loss of knee function, broken bones, concussion, sprained joints, paralysis, and even death. I am in good health or have medical approval to engage in a martial arts program.

I understand that I must take care, at all times to avoid injury to myself or to other students. Moreover, reckless students will be disciplined by non-participation. Students that continue to be disruptive or reckless will be expelled from classes, at the instructor's discretion.

**Acknowledgement of risk in the outdoors:** Because this event is outside, weather conditions, may change rapidly and unpredictably and cause injury directly (for example, rain or hail storms, sunburn, lightning strikes and the like). There is also the possibility of injury or death from unexpected or unseen obstacles in the natural environment due to falling, tripping, slipping, insect or animal contact, unstable surface conditions, falling rocks or objects and the like. Nearby streams and lakes present the risk of injury or drowning. Because this is a wilderness environment emergency medical service is not immediately available, and as such there is the risk that an injury will become more serious or will cause death because expert medical care was not immediately available.

**Ability to use photos, likeness or quotes:** I agree that COBWAMA and TCS can use photos, digital images, other likenesses, as well as quotes of myself for promotional materials, or on their web-sites..

**I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY. I AGREE TO PARTICIPATION FULLY KNOWING THE RISKS INVOLVED AND DO SO ENTIRELY OF MY FREE WILL.**

Signed

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date