

KID FIT LIVE
Kid Fit & United Tae Kwon-Do
LIABILITY WAIVER AND MEDICAL CONSENT

Each & All participants must have a completely filled out and signed a waiver.

Parent/s Name: _____ Date _____

Address: _____

Email: _____ Contact #: _____

I/We hereby agree that I/We and the registrant herein will abide by the rules of Kid Fit Live, it's affiliates and sponsors. I/We hereby give approval for the participation of myself and /or my child/children in any and all Kid Fit Live, and affiliated associations or studio activities. Recognizing the possibility of physical injury associated with recreational, competitive, any / all forms/type of exercising and in consideration for Kid Fit Live, accepting the registrant for it's Kid Fit Live activities, birthday parties, parties, martial arts programs, field trips, exercise programs and activities, I/We hereby assume all risk and hazards incident to such participation, and I/We hereby release, discharge, absolve, indemnify, and agree to hold harmless Kid Fit Live ,Kid Fit & United Tae Kwon-Do , it's affiliated organizations and sponsors, their employees and associated personnel, the organizers, supervisors, referees, officers, directors, participants, persons of parents transporting registrant to or from such activities, including the owners of the facilities utilized for the activities, including transportation to and from said activities, which transportation I/We hereby authorize.

Furthermore, I/We know of no impairment of deficiency in physical health of otherwise that would limit or prohibit: (child's name) _____ from participating in Kid Fit Live activities, practice sessions, activities, exercise programs and/or game competitions. I/We agree to advise and make known to the instructor and/or studio officials any change in the physical health or any other condition that would limit or prohibit the above named person/student from participating in Kid Fit Live activities, practice sessions, activities, exercise programs and/or game competitions or other Kid Fit Live sponsored activities.

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of the above named person or persons, I/We hereby give my consent for emergency medical treatment prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. The care may be given under whatever conditions are necessary to preserve the life, limb or will-being of my dependent.

Signature _____ Date _____