

Master Reilly's Family Martial Art, LLC

Taekwondo, K.I.C.K.S.™

Parent/Guardian/Participant [Check List]

Medical Form And Authorization Release of Liability

Please fill out student's information, initial the checklist and sign.

Student's Name: _____

Date of Birth: _____
Address: _____
City: _____ ZIP: _____
Phone: () _____ Cell? () Text ()
Email: _____

In consideration for participating in classes instructed at Master Reilly's Family Martial Art, LLC, I and all who participate and/or observe, have read, understand the Taekwondo Rules And Etiquette Form and adhere to all guidelines. _____

I understand that tuition is my responsibility and that I must be current on my payments to receive classes and promotion in my field of study. _____

I have also received and have read Master Reilly's Family Martial Art, LLC's liability Release Form, and I fully understand its terms. I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. _____

I am aware that I must inform the staff of Master Reilly's Family Martial Art, LLC about any medical information that may pertain to participation in class. Is there any information you wish to divulge about the student prior to their participation in activities at Master Reilly's Family Martial Art, LLC?

_____ If yes, please write legibly on a separate sheet of paper.

Staff and representatives will not be held liable for information not divulged. _____

I understand that Master Reilly's Family Martial Art, LLC may use any photos, streaming, or video taken during class/events for but not limited to, promotions, teaching, and fundraising. _____

Participant's/Guardian's Signature

Date:

In consideration of being allowed to participate in classes or activities at Master Reilly’s Family Martial Art, LLC (Any Martial Arts Style), (including related events and activities), the parent/guardian or adult practitioner signing this form acknowledges, appreciates and agrees that the risk of injury from the activities of these programs can be significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe an unusual or significant hazard during my child’s presence or participation, I will remove my child from participation and bring such to the attention of the nearest instructor immediately; and, I, for myself and my heirs, assigns, guardians, personal representatives and next of kin, hereby releases and hold harmless Master Reilly’s Family Martial Art, LLC, instructors, and other participants, sponsoring agencies, booster club, and advertisers (“Releases”) , with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. The individual recognizes that regular attendance is important for individual progress and understands that it is the individual’s responsibility to attend the classes. It is further understood that the individual is obligated to make payments regardless of missed classes as long as he/she remains a member of Reilly Family Martial Arts. Voluntary end of membership must be communicated to Master Reilly whether verbally or otherwise. Failure to do so will result in continued billing and is highly disrespectful to the Master and Instructors as well as the Dojung as a whole. The individual understands that during the course of instruction, independent contractors and instructors of the school and/or other authorized personnel will be engaged in a course conducting physical contact, of which he/she gives full consent to such contact as required by training. I UNDERSTAND and AGREE that Master Reilly’s Family Martial Art, LLC will not be held liable for any injuries, damages or losses NOT caused by or resulting from negligence of the owner(s), operators, or person(s) in charge of the establishment, or their agents, assistants and/or employees. Because of the physical demand of the class instruction, the individual understands he/she must be in good physical condition to participate in the said course, instructions and exercises. To that end, the individual acknowledges he/she is in good health and not suffering from any ailments that would adversely affect that individual, instructor, or third parties. Any health concerns must be made known to the staff prior to joining in class. All above information I have provided above is true and accurate to the best of my knowledge for me or for whom I am guardian over. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. By my signature I certify that I, as parent/legal guardian for the designated participant, or I myself, do consent and agree to his/her release.

Signature

Date

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergence Personnel. (ie. EMT, First Responder, E.R. Physician)

Family Health Care Provider: _____

Phone: _____

Address: _____

1. In case of emergency contact: _____

Phone: _____

2. In case of emergency contact: _____

Phone: _____

Please list any allergies/medical problems, including those requiring maintenance medication: If more room needed, please complete on a separate sheet of paper. If none, or you wish not to share any medical information, please check here and continue to sign the bottom of the page.

Diagnosis	Medication	Dosage	Frequency

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: (Please indicate year) If unknown, please list as current or not given.

Printed name of participant/guardian's: _____

Signature _____

Date _____

**Master Reilly's Family Martial Art, LLC
Programs and Tuition Agreement**

Olympic Taekwondo

1-4 Classes Each Week

\$80 Each Month For Individual

\$120 For 2 Family Members

\$150 For 3+ Family Members

Promotion Rate \$

Must be signed off by Master Reilly

K.I.C.K.S.™ (Kids In Creating Kinetic Skills) 4-7yrs old

1-4 Class Each Week

\$60 Each Month For Individual K.I.C.K.S. Member

\$100 Each Month For 2 K.I.C.K.S. Members

_____ Special Rate? _____ Master Reilly's Signature.

The tuition will not be broken down into payments and there will not be any discounts for missed classes. Medical Excuses may apply. The student and/or guardian of the student, take full responsibility of their tuition and understand that it is very dishonorable for the Master or instructor to remind them of their payment of tuition. Failure to pay tuition and/or debts may result in, but is not limited to, not participating, not promoting, and losing membership. Please respect this martial arts facility. Your tuition ensures proper equipment, the highest training for you and your teachers and a clean and well maintained facility.

We all have responsibility in this program!

Signature

Date

Master Reilly's Family Martial Arts, LLC
Coronavirus (COVID-19) and other ailments waiver

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every client to include frequent sanitation/ disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 may include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing
- New Loss of Taste

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 14-days.
- I understand that Master Reilly's Family Martial Arts, LLC, nor its members who come to class without symptoms, cannot and will not be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each member or accompanying.
- I understand that it has been made very clear to me that I may wear my mask without offense and was offered that others to wear a mask at my wish as needed.
- I take full responsibility for not wearing a mask and for anyone in my family not wearing one as well.
- By signing below, I agree to each statement above and release Master Reilly's Family Martial Arts, LLC from any and all liability for unintentional exposure or harm due to COVID-19.

Printed Name

Date

Signed

Date

Face Mask Exemption

Student's Name: _____

Please check one, and give a brief explanation if desired.

Reason student cannot wear mask:

Mental

Explanation: _____

Physical

Explanation: _____

Student's/ Parent/Guardian's Signature: _____