



Head Office: Sky Taekwondo Ltd.
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Waiver and Release

I do hereby agree to participate in the Sky Taekwondo (referred to as "Company") located at 2503 Ellwood Drive SW, 5228 199St NW, Edmonton, AB and 15 Circle Dr. #105, St. Albert. The responsible party must read the entire agreement before signing.

I recognize the risks of common injury from any performing arts program that my child or I participate in and I do hereby waive and release the Company from and against any and all claims, actions, causes of action, damages, costs, liabilities, the expense of judgments, including attorney's fees and court costs, that arise out of my participation in this program. I hereby execute this Waiver and Release form permitting my minor child and/or myself to participate in the Company's program. I also agree to consent to the use by Sky Taekwondo of the participant's likeness (photographs, video) for publicity purposes.

I have executed this Waiver and Release this _____ day of (MM/YYYY) _____ / _____



SKY
TaeKwonDo
WORLD CLASS INSTRUCTION

Student Name

Signature of Student or Parents (Guardian) if under the age of 18

Contact: Cell Number

Contact: E-mail Address