**Step-Sparring Seminar**

**REGISTRATION FORM**

*Name: Mr. /Mrs. /Ms.*

*First Name Last Name*

*Rank: USTF Member #: Age: \_\_ Sex:*

*Address:*

*Street City/Town State Zip Code*

*USTF Taekwon-Do School:*

*Your Instructor:*

*Your e-mail: Phone: \_\_\_*

**SEMINAR PRICE**

**White & High White Belts: ……..$15.00 Yellow & High Yellow Belts: …...$30.00**

**Green & High Green Belts: ….....$45.00 Blue & High Blue Belts: ………....$60.00**

**Red & All Ranks of Black Belts:..$75.00**

**RETAKE PRICE: $50.00**

**20% Discount off full $75 seminar price for UCHTA Members for 2nd, 3rd or more family members.**

Check here if this form is for the 2nd, 3rd or additional UCHTA family member.

Check here if this is for a Retake

Amount paid with this registration form:

*Pay* ***at the door*** *and make checks payable to “UCHTA” (Utah Chang Hun Taekwon-do Alliance*

**Photography Release and Health Insurance Statement**

Utah Chang Hun Taekwon-Do Alliance

USTF-Sanctioned Seminar

*February 29, 2020*

I consent and authorize the taking of photographs or videotape in which I or my child, ,

may appear. I hereby waive for myself and/or for my child, all rights of privacy in and to any said photographs or videotapes, including without limitation, any and all claims for the libel and/or invasion of privacy. I hereby grant to USTF-Region 1 and the Seminar Promoters the irrevocable right and permission, in respect to the photographs or video tapes that are taken or have been taken of me or my child to use, reuse, publish, re-publish, modify and display the same, in whole or in part, individually or in conjunction with other photographs, and in conjunction with any other copyrighted matter, in any and all media now and hereafter know, for illustration, promotion, art, advertising and trade, or any purpose whatsoever; and to use my name and/or my child’s name in connection therewith if it so chooses.

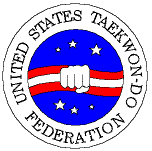
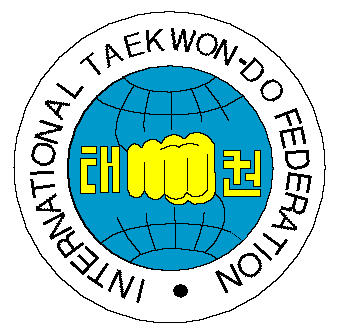
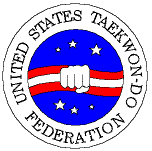
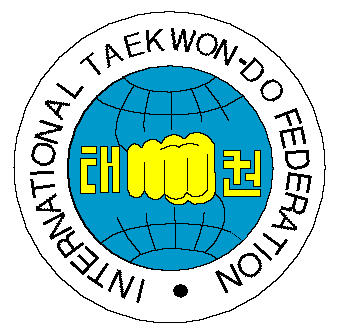
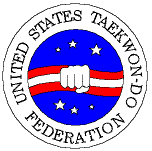
*Participant/Guardian Signature Date*

*Participant/Guardian Name (Print)*

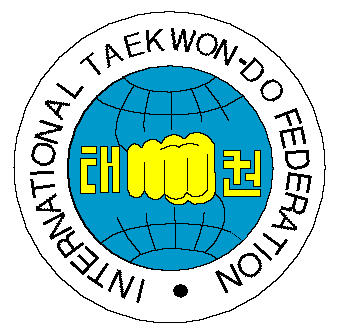
Guardian’s Relationship to the Participant (if under 18 only)

**My health insurance is through ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is current. You MUST provide current information in order to compete. Green belt participants and above must present current USTF membership cards at time of check-in.**

**\*\*\* Also complete attached Release and Waiver of Liability and Indemnity Agreement on next page \*\*\***

**UCHTA®**

**(Utah Chang Hun Taekwon-do Alliance)**

**Release and Waiver of**

**Liability and Indemnity Agreement**

**(Read Carefully Before Signing)**

In consideration of being permitted to participate in any way in the Martial Arts Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the Participant (if an adult), or parent(s) and/or legal guardian(s) of the minor participant named below agree (if a minor):

1. The Participant (if an adult) or parent(s) and/or legal guardian(s) will instruct the minor participant (if a minor) that prior to participating in the below martial arts activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that:
   1. There are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
   2. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
   3. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
   4. There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the martial arts facility used by the participant, including it owners, managers, promoters, lessees of premises used to conduct the martial arts event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the martial arts facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purpose herein referred to as “Releasee”…From all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next to kin For any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the events(s) caused alleged to be caused in whole or in part by the negligence of the Releasee or otherwise.
5. I/We HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partners(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite the release, the participant makes a claim against any of the Releasees, the parents(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WTHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Martial Arts School:

Participant Signature:

Parent or Guardian Signature (if minor):

Printed Name of Participant:

Address of Participant:

Received by:

*Date / Registrar Signature / Printed Name*