

HAPKIDO VANCOUVER

WAIVER

Name

Age

Address

Phone Number

I realize that there are inherent risks associated with the practice of Hapkido, and in consideration of being allowed to participate in this class, and in signing this document, I hereby agree to assume full responsibility for any injury received, whether it be due to a fault of my own, or as a result of a fault on the part of any of the instructors or other students. I further agree to assume the risk of any adverse effects to my health as a result of my participation.

I agree not to seek recovery, or compensation from Hapkido Vancouver or any of the instructors or students for any injury or loss which I may suffer during, or as a result of any practice of Hapkido and I hereby waive, release, discharge, and agree to save and hold harmless Hapkido Vancouver, the School and its instructors and students from any and all actions, suits and claims arising out of said instruction/participation.

Signature of participant

Date

Parent or Guardian(if participant under 18 years )

Witness

Witness