

Jhoon Rhee Tae Kwon Do

Fun Day Waiver

Parents Day Out Ninja Day Out Dodge Ball Tournament Teen Day Out Camps



1st Child: _____ Age: _____ Date of Birth : _____

2nd Child: _____ Age: _____ Date of Birth : _____

3rd Child: _____ Age: _____ Date of Birth : _____

Name of Parents: _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Tel: _____

Event: _____ **Rate: \$** _____

Event Date(s): _____

After Care? (Camps Only): **Y N** Days: _____ Rate (per day):\$ _____

EMERGENCY Telephone#: _____

Does your child have any medical problem we should know about?: _____

Is your child on any medication? _____

Is your child allergic to any medication? _____

Is your child allergic to any food? _____

Waiver

NBM, Inc., its employees, agents or volunteers assume no liability for injuries or damages arising or resulting from participation unless due to willful fault or gross negligence on the part of the employees, agents or volunteers. Due to the strenuous nature of Fun Day Activities (dodge ball and Nerf Dart Tag included), the participant is urged to consult a physician concerning fitness to participate.

Fun Day activities present certain inherent risks and hazards which the participant and the parent or guardian are urged to consider and which the participant and the parent or guardian assumes. I hereby approve my child's participation in this session. To the best of my knowledge, the participant is medically fit to participate in this activity.

Being duly aware of the risks and hazards inherent in Fun Day, I hereby elect voluntarily to participate in said activities and/or authorize my child to participate in said activities. I voluntarily assume all risks of loss, damage, or injury that I my child may sustain while participating in the Fun Day.

I hereby authorize the employees of NBM, Inc., to seek immediate medical treatment for my child listed above, if a medical emergency rises while he/she participates in the Fun Day. I also authorize the attending physician to perform any emergency treatment necessary, after consultation with the representative of the Fun Day, if I cannot be reached.

I hereby release Chun Rhee, NBM, Inc. and all persons connected with said activities from any and all claims, demands and causes of action on account of injury which may occur from my child's participation in the Fun Day.

Parent or Guardian Signature: _____ Date _____

Please Print Name: _____