

World Jang Song Martial Arts Federation Ha's Taekwondo Academy Participation Agreement

Participant Information

Participant's Name: _____ Date of Birth _____ Age _____

Permanent Address: _____ City, State, Zip _____

Date of Birth _____ Age _____ Phone Number (____) _____ - _____ Email Address _____

PLEASE READ THIS PARTICIPATION AGREEMENT CAREFULLY. It is a LEGAL CONTRACT and it affects any rights you may have if you are injured or otherwise suffer damages while participating in the World Jang Song U.S. Taekwondo Open on March 12, 2011 at the Elgin Community College Gym. This event is sponsored by the World Jang Song Martial Arts Federation (Ha's Taekwondo Academy).

ASSUMPTION OF RISK , RELEASE AND WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL EMERGENCY PERMISSION

1. I understand that there is an inherent risk associated with Taekwondo that cannot be eliminated regardless of the care taken to avoid injuries. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due not only to my own actions, inaction or negligence, but also to the actions inaction or negligence of others, the rules of the sport of Taekwondo, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time. I assume full responsibility for any risk of loss, Property damage or personal injury that may be sustained by me, or any loss or damage to property owned by me as a result of my participation in the World Jang Song U.S. Taekwondo Open.
2. I also ASSUME THE RISKS of my participation in the specified activities and agree to not hold the RELEASEES responsible for any loss, damage or injury, including death, that occurs as a result of my participation in the specified activities.
3. I _____ (student/participant, or parent or guardian of student/participant) hereby voluntarily RELEASE FORM LIABILITY, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the World Jang Song Martial Arts Federation (Ha's TaeKwonDo Academy) Elgin Community College and any of the officers, Servants agents cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the specified activities.
4. I further agree to INDEMNIFY, AND HOLD HARMLESS the RELEASEES whether injury is caused by my negligence of the RELEASEES or the negligence of any third party.
5. I further agree that this PARTICIPATION AGREEMENT shall bind the members of my family and spouse, If I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this PARTICIPATION AGREEMENT shall be construed in accordance with the laws of the State of Illinois
6. If an injury or other medical condition occurs or arises, I hereby give permission to the World Jang Song Martial Arts Federation and Elgin Community College representatives to provide routine first aid and to see emergency treatment including x-rays and routine tests. In an emergency situation, I give permission for an World Jang Song Federation and or a Elgin Community College representative to contact the individual(s) that I have listed under Medical Emergency Contact Information. I agree to the release of any record necessary for treatment, referral, Billing or insurance purposes. I understand that I am financially responsible for charges to attending physician or health care unit. In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital selected by the World Jang Song Federation and or Elgin Community College representative to secure and administer treatment for me, including hospitalization. I understand that the World Jang Song Federation and Elgin Community does not provide health insurance for participants in student/campus Organization activities.

PLEASE COMPLETE THE NEXT PAGE

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BY SINGING THIS PARTICAPATION AGREEMENT, I STATE I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS SET FORTH AND THAT I SIGN THIS FORM FREELY AND VOLUNTARILY.

If Participant is under 18 years of age, the Participant's parent/guarding must also sign this Agreement:

_____	_____
PARTICIPANT NAME (please print)	PARENT/GUARDIAN NAME (please print)
_____	_____
PARTICIPANT SIGNATURE	PARENT/GUARDIAN SIGNATURE
_____	_____
DATE	DATE

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:	Backup Contact (Relative or Friend):
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone (____) _____	Daytime Phone (____) _____
Evening Phone (____) _____	Evening Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____

INSURANCE INFORMATION

PLEASE INDICATE YOUR HEALTH INSURANCE STATUS BELOW.

CIRCLE ONE

No **If no**, initial this line stating that you **do not health insurance** and are aware that the World Jang Song Federation and Elgin Community College does not carry any health insurance for you. _____

Yes The above-named participant is covered by health insurance.
If yes, please provide the following information for use in the event that treatment is necessary.

Policy Holder's Name _____ Relation to Participant _____

Policy Holder's Phone # _____

Address _____ City, State, Zip _____

Insurance Company Name _____

(IF KNOWN) Insurance Company Customer Service Phone # _____