

# NORTHWEST USTF STEP SPARRING SEMINAR PRE-REGISTRATION FORM

<i>Please Print Clearly</i>					
<b>Name(s)</b>					
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>School</b>					
<b>Cell Phone</b>			<b>Emergency Contact Number</b>		
<b>Emergency Contact Name</b>					
<b>Parent(s) or Guardian Name (if Minor)</b>					
Rank	Quantity	Cost	Total		
Red/Black		\$75.00			
Blue		\$60.00			
Green		\$45.00			
Yellow		\$30.00			
White		\$15.00			
<b>Final Total</b>					

## SEMINAR PRE-REGISTRATION

Make checks out to Mountain View MAF. Making payment will be available at the door.  
Mail Application and check to Mountain View Taekwon-Do 1800 NW 3rd St Battle Ground Wa 98604

## STEP SPARRING SEMINAR LIABILITY WAIVER AGREEMENT

I, \_\_\_\_\_, have voluntarily submitted my application for registration for the Step Sparring Seminar. By submitting the application for membership, I certify that I am fully aware of and understand the inherent dangers in participating in activities involving a USTF Seminar. I am aware of the basic safety rules and procedures including Social Distancing and the requirement of wearing an approved face mask at all times during this seminar. I realize that my or my child's participation in this Seminar is at the sole discretion of the USTF and its representatives. I understand and agree that the USTF, Mountain View TKD, Senior Master Robert Pettijohn, and all instructors and any other student will not be responsible for my safety nor will any of these parties or individuals act as a guardian on my safety. I understand that the United States Taekwon Do Federation (USTF), Mountain View Taekwon-Do, Senior Master Robert Pettijohn, and all instructors, students, their agents or assign, or any other individual or entity associated with may not be held liable in any way for any occurrence of any event in connection with my or my child's participation in this seminar which may result in injury, death or any and all damages to me or to my family, descendants, heirs or assigns. I further state that I am of legal age and legally competent to sign this agreement and that my signing this agreement is my own free act (unless signed by a parent or legal guardian). I also understand and agree that the terms herein are contractual and they are not mere recital or simply for informational purposes. I have read, understand and fully informed myself of the contents of this agreement. I assume my own responsibility for my physical condition and capability to perform at this seminar or my child's.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Legal Guardian (if appropriate)