



## PARENTAL CONSENT FORM, KIDS SELF-DEFENSE

I \_\_\_\_\_, authorize my son/daughter,  
\_\_\_\_\_, to attend the upcoming Kids Self-Defense course

offered by Sangrock Black Belt World Tae Kwon-Do School, on Sunday, December 18, 2016 from 1:00 to 3:00. The address is 5937 Weddington Road, Wesley Chapel, NC 28104.

My signature below hereby acknowledges to Sangrock Black Belt World, its Staff, Instructor(s) and Assistants of this class:

That my son/daughter will not participate in any aspect of the program he/she is uncomfortable with or considers unsafe.

That my son/daughter and I are aware of the physical nature and possible risks of injury incident to taking this practical course in self-defense. That he/she is physically fit to participate in this course, involving various physical techniques; and that he/she realizes that self-defense techniques cannot be successfully employed in every situation, and proficiency can only be achieved and is dependent upon thorough continued practice, exercising good judgment, and a person's natural abilities.

The signatures below hereby release Sangrock Black Belt World, its Staff, Instructor(s) and Assistants of this class and agrees to hold them harmless, from liability for injury that may be incurred as a result of participation in this class, or using the strategies within for release.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.

Signature of Legal Guardian \_\_\_\_\_

Telephone Number for Confirmation \_\_\_\_\_

Date \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_