

Name\_\_\_\_\_USTF School\_\_\_\_\_Rank\_\_\_\_\_Age\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_Phone\_\_\_\_\_

E-mail\_\_\_\_\_Instructor\_\_\_\_\_

Cost: \$100.00  
Amount Enclosed\_\_\_\_\_

**LIABILITY & PHOTOGRAPH RELEASE**  
**USTF TECHNICAL COURSE**  
**May 4, 2024 9:00-3:00 Apex Recreation Center**  
**13150 W. 72<sup>nd</sup> Ave., Arvada, CO.**  
**Pre-register ONLY sent to**  
**USTF, 6801 W. 117<sup>th</sup> Ave. Broomfield, CO. 80020**  
**by April 10, 2024**

*In consideration of your acceptance of my and/or my child's participation in this event, I hereby, for myself, and for and on behalf of my child indemnify, release, forever discharge and agree to hold harmless, Grand Master Renee Sereff, Sereff Taekwon Do, United States Taekwon Do Federation, Inc., Grand Master Mike Winegar and the officers employees, and Apex Recreation Center, agents thereof, from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever, including reasonable attorney's fees, which may be incurred by the undersigned and/or the child-participant while participating in this event.*

*I clearly understand that the sport and art of Taekwon Do involves bodily contact. I am aware of my, and my child's personal medical condition and hereby certify that my and/or child's participation is voluntary and that I, and/or my child, am mentally and physically fit to participate in said event.*

*I hereby consent to and authorize the taking of photographs, digital or videotape in which I and/or my child may appear. I hereby waive for myself, and for and on behalf of my child all rights of privacy in and to any said photographs or tapes, including without limitation any and all claims for libel and/or invasion of privacy. I hereby grant for myself, and for and on behalf of my child to Sereff Taekwon Do and United States Taekwon Do Federation, Inc. the irrevocable right and permission in respect to the photographs, digital or videotape that it has taken or has had taken of me to use, reuse, publish, re-publish, modify and display the same, whole or part, individually or in conjunction with other photographs and in conjunction with any other copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising and trade or any other purpose whatsoever, and to use my name in connection therewith if it so chooses.*

Signature\_\_\_\_\_Date\_\_\_\_\_

Parents Signature\_\_\_\_\_Date\_\_\_\_\_

My health insurance is through\_\_\_\_\_and current.