

RELEASE OF LIABILITY

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Martial Arts Training under Soo Bahk Do Moo Duk Kwan, Inc. organized by Cary Soo Bahk Do, LLC. ("Cary Soo Bahk Do"), of 915 Kildaire Rd., Cary, North Carolina, 27511 and/or use of the property, facilities and services of Cary Soo Bahk Do, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Cary Soo Bahk Do instructors, or the employees, representatives or agents of Cary Soo Bahk Do.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Cary Soo Bahk Do for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Cary Soo Bahk Do, whether caused by the fault of myself, my family, Cary Soo Bahk Do or other third parties.
3. I agree to indemnify and defend Cary Soo Bahk Do against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Cary Soo Bahk Do.
4. I agree to pay for all damages to the facilities of Cary Soo Bahk Do caused by my or my family's negligent, reckless, or willful actions.
5. I consent to the participation of my child (Parent/Legal Guardian Name)
_____, of
Address: _____, North Carolina, in Martial Arts Training under Soo Bahk Do Moo Duk Kwan, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of Childs Name:
_____.
6. In the event of an injury to the above minor during the above described activities, I give my permission to Cary Soo Bahk Do or to the employees, representatives or agents of Cary Soo Bahk Do to arrange for all necessary medical treatment for which I shall be financially responsible. Cary Soo Bahk Do shall have the following powers:
 - a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;

b. The power to authorize medical treatment or medical procedures in an emergency or life threatening situation; and

c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

7. Any legal or equitable claim that may arise from participation in the above shall be resolved under North Carolina law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____

Signature: _____

Name: _____

Address: _____

In case of an emergency, please call _____ (Relationship: _____) at _____ Ext. _____ (Day), or _____ Ext. _____ (Evening).