

**SEREFF TAEKWON DO
WORLD CAMP**

**CAMPER'S PERSONAL RECORD AND RELEASE
(JUNIOR and ADULT)**

Last Name _____ *First Name* _____

Address: _____

Date of Birth _____ *Age* _____ *Female* ___ *Male* ___

Telephone#1 _____ *Cell phone #2* _____

E-mail _____ *USTF/ITF Rank* _____ *Instructor* _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name _____ *Address* _____ *Phone* _____

Name _____ *Address* _____ *Phone* _____

CAMPERS DOCTOR:

Name _____ *Address* _____ *Phone* _____

CAMPERS DENTIST:

Name _____ *Address* _____ *Phone* _____

CAMPERS INSURANCE

Name _____ *Address* _____ *Phone* _____

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 YMCA of the Rockies Snow Mountain Ranch, Grand Master Renee' Sereff, Sereff Taekwon Do, Inc., United States Taekwon Do Federation, Inc. and the officers employees and agents thereof, from any and all liability, claims or demands for person 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, and/or my child, am mentally and physically fit to participate in said event.

I hereby consent to and authorize the taking of photographs 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, and 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, Inc. the irrevocable right and permission in respect to the photographs or videotape that it has taken or has had taken of me to use, re-use, publish, re-publish, modify and display the same, in 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.

I hereby authorize any licensed medical person or facility to treat me. I agree to assume full financial responsibility for any medical services provided.

Parents Signature (If Junior)

Date

Campers Signature

Date

SEREFF TAEKWON DO
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