



Birthday Party Registration Form

Location: 6751 Old Monroe Road, Indian Trail, NC 28079 **Date:** ____/____/____ **Time:** ____:____ PM

Birthday Child's Name: _____ **Age:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Address: _____

Street

City

State

Zip

Uniform Size 000 00 0 1 2 3 4 5 6 7 8

Number of Guests: _____

Total Cost: \$250.00

Deposit: \$ _____

Balance: \$ _____

Parents / Guardians are responsible for bringing everything for the party and understand that Roar Taekwondo only provides the facility and Instructor services. Parents / Guardians of the children attending the birthday party will need to sign a waiver in order for their child/children to participate in this activity.

I, the undersigned, hereby acknowledge that I am aware of the nature of this activity. I am voluntarily participating in this activity at Roar Taekwondo and I hereby consent to hold Roar Taekwondo, and its employees, members and agents (hereon, collectively referred to as "ROAR TKD") free from any and all liability, claims, and other actions, arising from this activity at ROAR TKD. I further agree to release "ROAR TKD" from liability for any loss or theft of personal property. In the event of any illness, or other condition, which would require immediate medical assistance, I hereby consent to allow "ROAR TKD" to take such actions as necessary to contract and provide emergency and medical assistance. I hereby consent to assume all financial responsibility for such medical assistance.

I have carefully read this waiver and release agreement and fully understand it is a release of any and all liability, claims and other actions whatsoever. I also understand that failure to sign this waiver and release agreement will prevent me from participating in this activity and my payment will be refunded.

Parent / Guardian Name (Print): _____

Date: _____

Parent / Guardian Signature: _____

Date: _____

ROAR Taekwondo Representative: _____

Date: _____