

Holon Wellness Taekwon-do
Beginners Only/Learning Tournament Registration

Participant Name: _____ **Age:** _____ **Gender:** _____

Rank: _____ **Email:** _____

TKD School: _____ **Instructor:** _____

Chong Hon patterns, sparring and most kicks (12 and under). See Rules for more information www.holonwellness.com

\$30 for all 3 events

Amount Enclosed: _____

****\$5 discount for Holon Wellness TKD members***

Make Checks Payable to Holon Wellness: 5765 W. Elmhurst Dr. Littleton, CO 80128

I/we hereby assume all responsibility to participate in tournament. I/we waive any and all claims of injury, damages, or loss to myself or personal property and hold no one responsible for any accident or injury associated with this physical activity. I/we agree to hold harmless Holon Wellness, Washington Street Community Center, Colorado International TKD, Bryce Hogle, Daniela Ebersberg-Hogle, it's principals and agents, representatives, employees, and students from any and all claims. Furthermore, I/we know of no impairment or deficiency in physical health or otherwise that would limit or prohibit participant from participation in practice sessions, lessons, and/or tournament competition. I/we agree to make known to the instructor(s) and studio officials any change in physical health or any other consideration that would limit participation.

Participant (parent if under 18) Signature: _____ **Date:** _____

