

**LIABILITY WAIVER, RELEASE, AND, IMDEMNIFICATION AGREEMENT  
BAY AREA OPEN TKD CHAMPIONSHIPS 2025**

In consideration for the privilege of participating in The Bay Area Open TKD Championship 2025. I hereby assume the risk during participation, and waive any and all rights to recovery from, (for personal injury sustained during The Bay Area Open TKD Championships 2025), and subsequently hold harmless and will indemnify, the Organizers, Washington High School, U.S. Tae Kwon Do Academy, Grandmaster Jin Seob Shim, and any agents, representatives, or spokespersons of such above mentioned entities.

The AGREEMENT shall apply to any form of participation related to the Tournament, and is not limited to: general participation, traveling to and from the competition, competing during the competition, watching others compete, coaching, aiding, participate, as well as any and all activities related to the Tournament.

As a participant, I recognize and assume the risk that, as a participant in the Fighting Competitions, other participants and competitors will be using all techniques possible to win such competitions. As a result of such techniques, I assume the risk that I will be subject to: KICKS TO VARIOUS PARTS OF THE BODY, PUNCHES TO VARIOUS PARTS OF THE BODY, AND GENERAL COMBATIVE TECHNIQUES, which may result in injury or death.

I certify that I am healthy, and have not been advised by any doctor, coach, or trainer not to compete for medical or other reason. In addition, I hereby grant permission for trained medical technician to provide first aid to me in the even of an injury, and such, will hold harmless such technician for all services performed in a reasonable manner. I hereby accept any and all financial obligations incurred as a result of such immediate medical treatment, and subsequent related costs. I agree to indemnify the Organizers, WashingtonHigh School, U.S. Tae Kwon Do Academy, Grandmaster Jin Seob Shim, and any agents representative, or spokespersons of such above mentioned entities, for all costs related to treatment administered during Tournament.

I certify that I am familiar with the Rules, Sports, and Nature of Tae Kwon Do and other Martial Arts. I realize as a participant, there is a high risk of injury due to the very nature of the Tae Kwon Do and other Martial Arts. I assume all the risks related to this Tournament, and hold harmless and will indemnify, the Organizers, WashingtonHigh School, U.S. Tae Kwon Do Academy, Grandmaster Jin Seob Shim, and any agent, representatives, or spokespersons of such above mentioned entities.

I grant permission to U.S. Tae Kwon Do Academy/The Bay Area Open TKD Championship 2025 affiliates, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I agree that U.S. Tae Kwon Do Academy/The Bay Area Open TKD Championship 2025 affiliates own the images and all rights related to them. The images may be used in any manner or media without notifying me, such as tournament-sponsored web sites, publications, promotions, broadcasts, advertisements, posters, as well as for non-tournament uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them. I release to U.S. Tae Kwon Do Academy/The Bay Area Open TKD Championship 2025 affiliates and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

This Waiver and assumption of the risk shall apply to all participants, heirs, assigns, parents, guardians, executors, and as such I agree to hold harmless and will indemnify, the Organizers, WashingtonHigh School, U.S. Tae Kwon Do Academy, Grandmaster Jin Seob Shim, and any agents, representatives, or spokespersons for such above mentioned entities.

**THIS FORM MUST BE *SIGNED AND COMPLETED!***

**REQUIRED SIGNATURES:**

Competitor's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If under the age of 18: Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. Date \_\_\_\_\_