



MET Tae-Kwon-Do Academy

(503) 579-6621

www.metpdx.org

LIABILITY WAIVER FORM (one per family)

PARTICIPANT INFORMATION

NAME OF CHILD(REN): _____ GENDER(S): _____

NAME OF PARENT(S): _____

ADDRESS: _____

PHONE: DAY _____ EVENING _____

GRADE: _____ AGE: _____

MEDICAL INSURANCE INFORMATION

Health Insurance Plan and #: _____

Medical/Health Problems (if any): _____

Family Physician Name: _____ Physician Phone#: _____

EMERGENCY CONTACT

In case of emergency and if I cannot be reached, I authorize the following individual to be contacted to pick up my child(ren):

Name: _____

Phone#: _____

By signing below, I hereby give permission to my child(ren) named above to participate in all activities of the MET Tae-Kwon-Do Academy, and agree that he/she will abide by all pertinent rules and regulations of MET and use of its facilities. ***In the event of an accident or injury, as parent or guardian of the child(ren) named above, I will not hold liable the Muslim Educational Trust (MET), MET Tae-Kwon-Do Academy, and/or their agents or employees. I understand that there is no medical insurance being provided by the Muslim Educational Trust or the MET Tae-Kwon-Do Academy.***

SIGNATURE: _____

DATE: _____