



# RHEE TAEKWON-DO

## MEMBERSHIP APPLICATION FORM

Current  
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accompany  
application

### To the Instructors of Rhee Taekwondo:

I wish to make application for Membership to study the art of **Rhee Taekwondo** (being an organisation and style of Martial Art). I do hereby agree to loyally abide by the rules of **Rhee Taekwondo**, and to follow the instructions of the Branch Instructor who has been officially appointed by the **Rhee Taekwondo** organisation.

Full Name \_\_\_\_\_  
(Block Letters) (Surname) (First Name) (Middle Name)

Residential & Postal Address (in full) \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

State \_\_\_\_\_ Tel(H) (\_\_\_\_) \_\_\_\_\_ Tel(W) (\_\_\_\_) \_\_\_\_\_ Mobile \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Age \_\_\_\_\_ Nationality \_\_\_\_\_ Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

Parent /Guardian  (tick as applicable) details (to be completed if Applicant is under 18):

Full Name \_\_\_\_\_  
(Block Letters) (Surname) (First Name) (Middle Name)

Residential Address (in full) \_\_\_\_\_ Suburb \_\_\_\_\_

Post Code \_\_\_\_\_ State \_\_\_\_\_ Tel(H) (\_\_\_\_) \_\_\_\_\_ Tel(W) (\_\_\_\_) \_\_\_\_\_ Mobile \_\_\_\_\_

Do you suffer from asthma, epilepsy, heart disease, stroke or any form of physical or mental illness, injury or incapacity OR do you have any other physical or health problems which should be disclosed to **Rhee Taekwondo** in the interests of your health and safety?

If yes, give details \_\_\_\_\_

I acknowledge that I agree to participate in **Rhee Taekwondo** at my own risk and that I will not hold and person responsible in any way for any personal injury that may occur during my instruction, practice, demonstration or training of the art of **Rhee Taekwondo**. I also acknowledge should I deem it necessary, in relation to personal accident/injury insurance, I hereby agree to obtain my own insurance cover/policy whilst participating in the Art of **Rhee Taekwondo**.

I also agree to abide by the **Rhee Taekwondo** pledge and to never misuse the Art of **Rhee Taekwondo** in any way. I also understand that **Rhee Taekwondo** has reserved the right to refuse or disqualify my membership at any time if I am not obedient of the rules of the school or the instructions of my Instructor.

**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF MEMBERSHIP AND FURTHER CERTIFY THAT THE ABOVE PARTICULARS ARE TRUE AND CORRECT.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature of parent or guardian required if applicant is under 18 years of age)

Application Approved/Refused \_\_\_\_\_ Membership No \_\_\_\_\_

Date of first joining \_\_\_\_/\_\_\_\_/\_\_\_\_

Branch Name \_\_\_\_\_

\_\_\_\_\_  
Branch Instructor (Full name and signature)



# RHEE TAEKWON-DO

## TERMS AND CONDITIONS

Please note: for Applicants who are under 18 years of age, a parent or guardian is required to read, initial and counter sign this application where applicable. ( ) 1.

Full name of Applicant \_\_\_\_\_

of (residential address) \_\_\_\_\_

Full name of Parent  Guardian  (tick as applicable) (If Applicant is under 18) \_\_\_\_\_

of (residential address) \_\_\_\_\_

I, the Applicant (which shall include a parent/guardian if the Applicant is under 18), agree to be bound by the following terms and conditions on which I will study the Art of Rhee Taekwondo:

### Injury Waiver:

The Applicant warrants that s/he is in good health and that s/he has not suffered, is suffering or receiving treatment for any disorder, disability, illness or injury which may make it unsafe for the Applicant to participate in **Rhee Taekwondo**. All current and pre-existing medical conditions of the Applicant have been disclosed to **Rhee Taekwondo**. ( ) 2.

THE APPLICANT IS AWARE THAT **RHEE TAEKWONDO** MAY BE DANGEROUS and that s/he participates in activities and training in relation to **Rhee Taekwondo** entirely at his/her own risk and on the basis that such activities are ENTIRELY VOLUNTARY and s/he will elect not to participate in any activity which s/he feels involves risk of injury. ( ) 3.

The Applicant will hold **Rhee Taekwondo**, its principals, instructors, contractors, members, servants and agents harmless from any and all liability including for injuries of any kind whatsoever arising from or in connection with participation in the study of the Art of **Rhee Taekwondo** howsoever caused and whether due to any negligent act, breach of duty, default and/or omission and waives all rights in respect of any such damage and acts and/or omissions. ( ) 4.

The Applicant agrees to keep **Rhee Taekwondo**, its principals, instructors, contractors, members, servants and agents indemnified against all or any losses, damages, claims, actions and suits (proceedings) for which they may become liable arising out of or in connection with the above matters, including proceedings brought on behalf of a child by a parent or guardian. Any treatment for injuries sustained will be of first aid type only and upon the understanding that the provider may not be a trained provider of medical treatment. ( ) 5.

### Disclaimer:

**Rhee Taekwondo** disclaims all responsibility and all liability (including through negligence, error of judgement, act of God and hall conditions) for claims, expenses, losses, damages and costs the Applicant might incur or suffer as a result of participation in lessons, using the Art (whether within or outside of dojang (place where **Rhee Taekwondo** is taught and studied) or at grading examinations. ( ) 6.

### Acknowledgment:

I do hereby acknowledge that prior to and in consideration of membership, I have read and understood the above, and accept the terms and conditions contained herein and further acknowledge that on the basis I have, of my own free will and desire, so contracted with **Rhee Taekwondo**, its principals, instructors, contractors, members, servants and agents, and I acknowledge that the branch instructor as specified herein is duly authorised to contract on behalf of them.

### Agreed and accepted:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature of Applicant) (Signature of Parent/Guardian) (Date)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Branch Instructor) (Branch) (Date)