



**KIFFMANN'S**  
**MAUI ELITE TAEKWONDO CENTER, LLC.**

111 Hana Hwy., Suite 201, Kahului, HI 96732  
Phone: 808-877-4311  
kiffmannkd@hawaii.rr.com kiffmanntaekwondo.com

**2010 MARTIAL ART WAIVER**

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ PHONE (CELL/OTHER): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF GUARDIAN: \_\_\_\_\_

GUARDIAN PHONE : \_\_\_\_\_ PHONE CELL: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Are you (STUDENT) taking ANY medication or have any health concerns that could hinder your performance? \_\_\_\_\_. If so, please specify: \_\_\_\_\_

\_\_\_\_\_  
*(Due to our studio's high level of physical activity, disclosure of health information is mandatory. Failure to disclose pertinent information may lead to dismissal of student.)*

How did you hear about Kiffmann Tae Kwon Do? \_\_\_\_\_

What is your primary martial art goal at our studio? \_\_\_\_\_

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**\*\*CREDIT CARD INFORMATION (Mandatory For All Non-ACH Members)**

Type Of Card: \_\_\_\_\_ Card No: \_\_\_\_\_

Name On Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card owner Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3 Digit Security Code** (Located on back side of card): \_\_\_\_\_

**\*\*Late tuition payments of 14 days or more will be charged directly to credit card, plus an additional service charge fee of \$10.00.**



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## CONDITIONS OF MEMBERSHIP

I realize, that the owners of Maui Elite Taekwondo Center, LLC.(hereinafter referred to as "Studio") make it their #1 priority to provide a safe and protected training environment for students of all ages. I understand that Studio strongly advises that all new members seek the advice of a health care professional before starting any of Studio's exercise programs offered. I understand that absence due to injury or illness may be compensated by Studio, if written note from physician is provided to Studio. I understand that recreational vacations and extracurricular absences shall not be compensated for. I also understand that becoming a member of Studio, does not entitle me to a refund should I, or my child, decide to end training before our contractual agreement has expired. I also understand that I will be charged a re-signup fee should I wish to continue training at a later time.

I realize that Studio offers Taekwondo and other martial art styles that may incorporate vigorous and full contact martial arts that include sparring within their curriculum. I understand that the course for which I/or my child am making application, holds an inherent risk of accidental physical injury. I agree that the risk of any such injury is assumed by me. In consideration of fitness program enrollment offered at Studio, I, my personal representative, assigns, heirs, successors in interest, and next of kin, hereby release, waive, discharge, and covenant not to sue Studio, it's owners, principals, instructors, agents, directors, officers, promoters, sponsors, or advertisers, all for the purposes herein referred to, from all liability to me, my person or property or resulting in my or my child's death, whether caused by negligence or any other acts of the Studio.

It is mandatory for all Taekwondo students, orange belt and higher, to purchase WTF sanctioned sparring gear (i.e. shin/forearm guards, chest protectors, headgear, mouthpiece and groin cups for males). **It is the student/parent responsibility to make sure that student\child is supplied with safety equipment.**

I agree to abide by the rules and regulations of the Institute at all times while on the Studio premises, or at any sanctioned contest or exhibition of martial arts. I also understand that the Studio assumes no responsibility for lost or damaged personal property; and students are responsible for their belongings before, during and after class.

Studio reserves the right, in its sole discretion to suspend, demote or terminate any instructor or student's membership for fighting, assault (verbal or otherwise), or other acts of physical violence, sexual harassment, discrimination, other unethical behavior or violations of the law and/or Studio rules and procedures.

**I have read the conditions of the membership and agree to abide by them.**

\_\_\_\_\_  
Name Of Applicant/Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Of Guardian (If under 18 years)

\_\_\_\_\_  
Date