

SKILLCRAFT PRODUCTIONS LLC

Liability Waiver & Assumption of Risk

Training Programs at United TKD Academy Facilities

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. IT AFFECTS YOUR LEGAL RIGHTS.

PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth: _____ Phone: _____

Address: _____

Email: _____

Emergency Contact: _____ Emergency Phone: _____

Course/Class Enrolled: _____

1. ACKNOWLEDGMENT OF RISKS

I, the undersigned participant (or parent/guardian of a minor participant), acknowledge that participation in training classes and programs offered by SkillCraft Productions, LLC ("SkillCraft") involves inherent risks that cannot be entirely eliminated regardless of the care taken to avoid such risks. These risks include, but are not limited to:

- a. Physical injuries including but not limited to sprains, strains, fractures, bruises, lacerations, and muscle soreness
- b. Injuries resulting from physical exertion, outdoor activities, and hands-on training exercises
- c. Exposure to environmental conditions including extreme heat, cold, rain, insects, and allergens
- d. Injuries related to the use of training equipment, tools, and materials
- e. Injuries resulting from interactions with other participants
- f. Risks inherent to the specific course content, including but not limited to emergency preparedness drills, first aid scenarios, outdoor skills training, and security awareness exercises
- g. Risks associated with the training facility, including slips, trips, falls, and equipment hazards

I understand and voluntarily accept these risks.

2. VOLUNTARY ASSUMPTION OF RISK

I voluntarily choose to participate in SkillCraft training programs with full knowledge of the inherent risks. I assume full responsibility for any injury, illness, damage, or loss that I may sustain as a result of my participation, including those caused by the negligence of SkillCraft, its owner, instructors, agents, employees, or volunteers. I acknowledge that I am physically capable of participating in the activities and have no medical conditions that would prevent safe participation, or I have disclosed such conditions to SkillCraft in writing prior to participation.

3. RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in SkillCraft training programs, I hereby release, waive, discharge, and covenant not to sue the following parties ("Released Parties") from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, whether caused by the negligence of the Released Parties or otherwise:

- a. SkillCraft Productions, LLC, its owner, officers, instructors, agents, employees, and volunteers
- b. United TKD Academy, its owner (Grandmaster Partridge), officers, instructors, staff, agents, employees, and volunteers
- c. The owners, lessors, and operators of the premises where SkillCraft programs are conducted

Return completed form to your instructor on the first day of class, or email to: info@skillcraftproductions.com

Questions? (210) 310-4076 | www.skillcraftproductions.com

SKILLCRAFT PRODUCTIONS LLC

Liability Waiver & Assumption of Risk (continued)

4. CONSENT TO MEDICAL TREATMENT

I authorize SkillCraft and its representatives to obtain emergency medical treatment for me (or my minor child) in the event of injury or illness during participation, if I am unable to provide consent at that time. I understand that I am responsible for all costs associated with any medical treatment received.

5. MEDICAL DISCLOSURE

I certify that I (or my minor child) am in good physical health and have no medical conditions, allergies, or physical limitations that would prevent safe participation, except as noted below:

Medical conditions / allergies / limitations:

6. PHOTO AND VIDEO RELEASE

I grant SkillCraft permission to photograph and/or record video of me (or my minor child) during training activities for use in promotional materials, social media, website content, and training documentation. I understand I may revoke this permission at any time in writing.

I CONSENT to photo/video use as described above.

I DO NOT CONSENT to photo/video use.

7. SCOPE OF INSTRUCTION

I understand that SkillCraft Productions, LLC provides training in security, outdoor skills, emergency preparedness, life skills, and related topics. **SkillCraft does not provide martial arts instruction.** Any martial arts training conducted at United TKD Academy is provided solely by Grandmaster Partridge and his authorized staff under separate enrollment and waiver requirements. I understand that I must sign separate waiver forms for any TKD martial arts classes.

8. RULES AND CONDUCT

I agree to follow all rules, instructions, and safety guidelines provided by SkillCraft instructors. I understand that SkillCraft reserves the right to remove any participant whose conduct creates a safety risk, disrupts instruction, or violates the code of conduct, without refund.

9. GOVERNING LAW AND SEVERABILITY

This waiver shall be governed by the laws of the State of North Carolina. If any provision of this waiver is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect. I agree that any legal action arising from this waiver or my participation shall be brought exclusively in the courts of _____ County, North Carolina.

10. BINDING AGREEMENT

I have read this waiver carefully, understand its terms, and sign it voluntarily. I understand that this waiver is a binding legal agreement and that I am giving up substantial legal rights by signing it. This waiver shall remain in effect for the duration of my enrollment in SkillCraft programs unless revoked in writing.

ADULT PARTICIPANT SIGNATURE

Participant Signature: _____ Date: _____

Printed Name: _____

PARENT/GUARDIAN CONSENT (for participants under 18)

I am the parent or legal guardian of the minor participant named above. I have read and understand this waiver and consent to my child's participation. I agree to all terms and conditions on behalf of my minor child, including the release and waiver of liability. I further agree to indemnify and hold harmless the Released Parties from any claims brought by or on behalf of my minor child.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship to Minor: _____

FOR OFFICE USE ONLY

Received by: _____

Date: _____

Insurance verified: Yes No

Filed: Yes No

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