

# MARK CASHATT'S TAEKWON-DO SCHOOL, INC.

Mailing address 19 South Main St. Hatfield, PA 19440

[www.cashattTKD.com](http://www.cashattTKD.com)

215-479-3440

## BUDDY NIGHT / SELF-DEFENSE CLASS

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

E-mail address: \_\_\_\_\_

**On behalf of myself or in case the above registered person is a minor under my guidance, I do hereby take full responsibility for any injuries or accidents that should happen to the person registered above. I will not hold Mark Cashatt's TaeKwon-Do School, Inc. or the instructor of this course liable and I trust the instructor and school will act professionally and without negligence while teaching the above registered self-defense. I also know it's my and/or the above registered person's responsibility to decline from doing drills and exercises that I (or registered person) feel may be dangerous to my (or registered person's) health or well-being. I give the instructor permission to administer any first aid that may be necessary during this course.**

Signed \_\_\_\_\_ date \_\_\_\_\_

(parent or guardian if registered person is a minor)