TAIGUN SELF-DEFENSE COURSE

MINOR PARTICIPANT PARENT/GUARDIAN CONSENT & ASSUMPTION OF RISK

10 HOURS • 5 DAYS • 2-HOUR TRAINING BLOCKS

PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THIS FORM
IDENTITY VERIFICATION IS REQUIRED BEFORE THE MINOR MAY PARTICIPATE

MINOR PARTICIPANT INFORMATION

Minor Participant Full Legal Name:

_____

Minor Date of Birth: _____

Minor Age: _____

Course Start Date: _____

PARENT / LEGAL GUARDIAN INFORMATION

Parent / Legal Guardian Full Legal Name:

_____

Relationship to Minor: _____

Street Address: _____

City / State / ZIP: _____

Phone Number: _____

Email Address: _____

1. AUTHORITY TO CONSENT

I represent that I am the parent or legal guardian of the minor participant named above and that I have legal authority to consent to the minor's participation in this course and to sign this agreement. If requested, I agree to provide reasonable documentation establishing my authority.

Parent/Guardian Initials: _____

2. COURSE DESCRIPTION & CONSENT TO PARTICIPATION

I give permission for the minor participant to take part in the Taigun Self-Defense Course, a standalone 10-hour program conducted over five training days in approximately two-hour training blocks. Training may include situational awareness, threat recognition, avoidance, defensive movement, controlled partner exercises, simulated grabs or attacks, escapes, and other supervised physical self-defense exercises. I understand that completion of the course does not guarantee that the minor will prevent injury, escape an assault, or successfully defend against every real-world threat.

Parent/Guardian Initials: _____

3. ACKNOWLEDGMENT & ASSUMPTION OF RISK

I understand that self-defense training involves physical contact and inherent risks. These may include falls, collisions, simulated grabs or strikes, controlled takedowns, strains, sprains, bruises, abrasions, joint injuries, head, neck, back or shoulder injuries, accidental contact, fatigue, dehydration, overexertion, serious bodily injury, permanent disability, or death. Reasonable safety precautions cannot eliminate every risk. I knowingly acknowledge and accept these risks in making the decision to permit the minor to participate, to the extent permitted by applicable Tennessee law.

Parent/Guardian Initials - I understand these risks: _____

4. SAFETY, PHYSICAL CONTACT & PARTICIPANT BOUNDARIES

I understand that controlled physical contact with instructors or training partners may be part of the course. The minor will be instructed to follow safety directions, respect partner boundaries, use controlled force, immediately stop when

directed, and report injury or unsafe conditions. The minor may decline an exercise or request a modification when necessary for safe participation.

Parent/Guardian Initials: _____

5. HEALTH & MEDICAL RESPONSIBILITY

I am responsible for determining whether the minor is physically able to participate and for seeking appropriate medical advice when needed. I agree to communicate limitations that materially affect safe participation. Course instructors do not provide medical clearance or medical advice.

Parent/Guardian Initials: _____

6. EMERGENCY MEDICAL AUTHORIZATION

If the minor is injured or experiences a medical emergency, I authorize course personnel to contact emergency medical services and to provide relevant emergency contact information to responders. I understand that immediate medical assistance cannot be guaranteed and that I am responsible for medical and transportation expenses incurred on the minor's behalf except where otherwise required by law.

Emergency Contact Name (if different from parent/guardian):

_____

Emergency Contact Phone: _____

Parent/Guardian Initials: _____

7. IMPORTANT LEGAL ACKNOWLEDGMENT

I understand that legal rules governing a parent's or guardian's ability to release or waive claims belonging to a minor may differ from rules applicable to an adult signing for themselves. This form is intended to document informed parental/guardian consent, acknowledgment and assumption of risks, safety expectations, and emergency authorization. Nothing in this agreement is intended to waive a claim or right that cannot legally be waived under Tennessee law.

Parent/Guardian Initials - I have read this section: _____

8. REQUIRED IN-PERSON IDENTITY VERIFICATION

The parent or legal guardian who signs this form must appear with the minor at the first class and present a valid government-issued photo ID for identity verification before the minor may participate. Taigun Self-Defense Course will record that the identification was verified. A photocopy of the identification is not required by this form.

Parent/Guardian Initials - I understand this requirement: _____

PARENT / LEGAL GUARDIAN CERTIFICATION & SIGNATURE

I certify that the information I provided is accurate, that I am the parent or legal guardian identified above, that I have read this entire agreement, and that I voluntarily consent to the named minor's participation in the complete five-day, 10-hour Taigun Self-Defense Course.

■ I certify that I am the parent/legal guardian identified above and agree to this form.

Parent / Legal Guardian Printed Name:

_____

Parent / Legal Guardian Signature:

_____

Date Signed: _____

OFFICE USE ONLY — FIRST-CLASS IDENTITY VERIFICATION

Do not complete this section until the parent/legal guardian appears in person with the minor.

Valid government-issued photo ID presented: ■ YES ■ NO

Name on ID: _____

ID Type (driver license, state ID, passport, etc.) — DO NOT record ID number:

_____

Verified By (Instructor / Authorized Representative):

_____

Verification Date: _____

Verifier Initials: _____

Legal review notice: This Tennessee-oriented form is a practical template and is not legal advice. Because minors' claims and parental waivers can be treated differently from adult waivers, have a Tennessee attorney review this form and your enrollment procedure before use.