



# Tennessee State Games Tournament

## MEDICAL RELEASE FORM

I/we hereby give Tae Zee Park, Richard Warren, Dennis Lewis, and any Master Instructor permission to seek medical attention as needed for the participant named below. I/we agree to not hold Tae Zee Park, Richard Warren, Dennis Lewis, and any Master Instructor liable for any accident or injury that may occur, and release them from their own negligence.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Parent/Legal Guardian (if under 18 years old) \_\_\_\_\_

Health Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_