

WORLD TAEKWON-DO ALLIANCE

www.wtaonline.net
Administrative Offices
HC 31, Box 120
Deer, AR 72628

Dear Student,

On behalf of the World Taekwon-Do Alliance we would like to welcome you to the WTA. The WTA offers you a variety of services that will help you meet your training goals. Many of our members have been involved for years and enjoy the social network of friends they make by participating in WTA and WTA affiliate sponsored events. Our Mission is to improve the quality and continued progress of Traditional Taekwon-Do through this time-tested, successful system of teaching and training.

One important benefit is our Student Accident Insurance Program. In order to initiate your coverage, we must receive both pages of your completed application and payment. Please be sure to sign the second page! The third page in the membership package is a summary of your insurance coverage.

If you should have questions about any aspect of our program, please don't hesitate to contact us. Know that we are willing to help and look forward to cultivating a strong and lasting relationship with you during your martial arts journey.

Sincerely,

Alison C. Hardin, Executive Director
6th Degree Black Belt

Email—akhardin@hughes.net

Phone (870) 428-5353

Fax (888) 534-5987

WTA SILVER MEMBERSHIP BENEFITS



BLACK BELT CERTIFICATION BY THE HIGHEST RANKING PIONEERS OF TRADITIONAL TAEKWONDO



WTA SPONSORED SEMINARS AND SPECIAL ACTIVITIES*



SCHOOL VISITATION PRIVILEGES (TRAIN AT NO CHARGE IN WTA OR OTHER AFFILIATED SCHOOLS WHEN YOU TRAVEL)



MONTHLY NEWSLETTERS (WE CAN SEND DIRECTLY TO YOUR EMAIL ON REQUEST)



WTA PATCHES & MEMBERSHIP CARD



WTA NATIONAL & INTERNATIONAL TOURNAMENT SYSTEM *



WTA SPONSERED BLACK BELT CAMPS FOR ADULTS*



\$100,000 STUDENT ACCIDENT INSURANCE—COVERS ANY WTA, WTA-AFFILIATED TKD SCHOOL OR US TL SANCTIONED TRAINING EVENT

* Additional activity fees apply.

Contact Us

WTA Administration: akhardin@hughes.net (870)-428-5353
GM McNeely - Email: ustfhq@aol.com (214)-668-2261

Websites

www.wtaonline.net or www.mytkdworldcom

Mail to:

WTA Administrative Office, HC 31, Box 120, Deer, AR 72628

Upper portion to be retained by student—Please see back for release and signatures.

WTA Silver Membership

First Name:		Last Name:		Annual Membership Fee—\$25.00
Street Address:				
City:	State:	Zip:		Pay by: <input type="checkbox"/> Check/MO Attached <input type="checkbox"/> Credit Card (Enter Info Below)
Phone:	E-mail address <i>(please print clearly):</i>	Birth Date <i>(mm/dd/yy):</i>	Sex <i>(M/F):</i>	
Current Rank:	E-mail directly to me: <input type="checkbox"/> Monthly Newsletters <input type="checkbox"/> Tournament Information <input type="checkbox"/> Everything			Credit Card No:
WTA Student No. (Only renewals need to enter)		TKD School #:	Expiration Date:	Credit Card Expiration Date:
				CCV Code:

PLEASE SIGN ON THE BACK TO INITIATE YOUR COVERAGE!

WORLD TAEKWON-DO ALLIANCE INDIVIDUAL MEMBERSHIP APPLICATION

As signified by my/our signature(s) below, I or my minor child ("either or both are referred to as "the student" below) do wish to become a member of the World Taekwon-Do Alliance, United States Taekwondo League, Inc. and the American Taekwon-Do League of Association Services (all three are collectively referred to below as "WTA").

ORGANIZATIONS—The World Taekwon-Do Alliance is a National certifying body for Taekwondo rank as well as the sponsor of regional, national, and international tournaments. Your taekwondo training facility has chosen to affiliate with the WTA in order to provide you the benefits listed on the front of this application. The United States Taekwondo League, Inc. also sponsors a National tournament in which you may participate. The American Taekwon-Do League of Association Services (ATLAS) sponsors the group Accident Insurance program offered to WTA members.

RULES—As a condition of the student's membership in the WTA, the student agrees to abide by all rules imposed by the WTA organizations as outlined on the organization's websites (*mytkdworld.com* and *wtaonline.org*) and below.

RISKS AND RELEASES—I, the student, understand that taekwondo is a contact sport and involves risks including serious bodily injury. I, the student, am aware of the nature of taekwondo and acknowledge that the student's experience, physical condition and capabilities are such that the student is capable of participating in the sport. I further agree that if, at any time, I believe that the student becomes incapable, the student will immediately discontinue further participation in those WTA activities that might cause injury to the student. I further understand that participation involves risks and danger of serious bodily injury which may be caused by actions or inactions on the part of the student, the others participating in or supervising the activity, the condition in which the activity takes place, negligence of the owners or staff of the WTA affiliate school or the negligence of the WTA organizations. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and the student fully accepts and assumes all such risks and all responsibility for losses, costs, and damages incurred as a result of his participation in the activity. The student hereby releases, discharges, covenants not to use, and agrees to hold harmless World Taekwon-Do Alliance, United States Taekwondo League, Inc. and American Taekwon-Do League of Association Services, any school, club or facility where the activity may take place, including _____, (WTA Affiliate No. _____) (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of any of the "Releases" or otherwise, including negligent rescue operations. I, the student, further agree that if, despite this release, the student or anyone acting on "the student's" behalf makes a claim against any of the "Releases" named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or cost that may incur as the result of any such claim. I have read this agreement, fully understand its terms, understand that "the student" has given up substantial rights by signing it. I, the student, have signed it freely and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law. I, the student, also agree that if any portion of this agreement is held to be invalid, that the balance, notwithstanding, shall continue in full force and effect.

NOTE TO PARENTS OF MINOR CHILDREN—No minor student should be allowed to remain at any taekwondo training facility outside of normal class times nor should they be allowed to travel alone at any time with any taekwondo instructor or staff. This is for their protection. Instructors are advised to always have at least two adults present when minors are in the taekwondo training facility or participating in any other practice or sanctioned activity. Parents should always feel free to observe classes and events from the spectators gallery. Should you ever have any concerns regarding your child's training, please discuss them with your child's instructor. Please feel free to contact the WTA National Office if we can be of assistance.

APPLICATION FOR MEMBERSHIP IN THE WTA ANNUAL MEMBERSHIP FEE—\$25.00

School No. _____

Student No. _____

By signing below I, and/or the student, agree to abide by all the rules of the WTA and always conduct myself in a manner which will bring honor to myself, my Taekwondo school and to the WTA from _____, 20____ until such time as my membership (including renewals expires).

I, and/or the student, acknowledge that I/we have read the full membership application and understand the risks involved. I acknowledge that the student is capable of participating in all activities.

I, and/or the student, understand the risks outlined above and the waiver and release of liabilities as outlined there.

I authorize the WTA to use pictures of the student for promotional activities such as news releases, websites, promotional flyers, brochures, etc. Yes No

I currently have Health and Accident Insurance for the student. Yes No

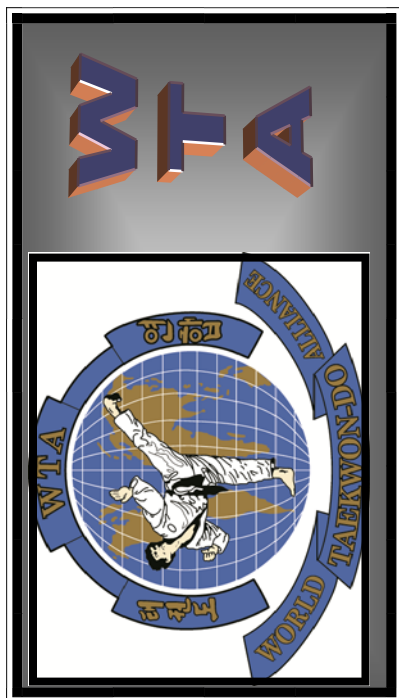
Name of Student (Please print)

Name of Signatory (Please print)

Signature of Student

Parent or Guardian (If student is under 18)

If the student is under age 18, BOTH member and parent or guardian must sign.





WTA Insurance Program Summary

Student Sports Accident Insurance

SPORTS ACCIDENT COVERAGE—*This coverage is provided to all properly registered members of the WTA that are injured during a supervised taekwondo practice or sanctioned taekwondo event.*

Excess Medical Insurance for covered accidents	\$100,000
Medical expense incurred while traveling to and from a covered activity	\$100,000
Accidental Death and Dismemberment Benefit	\$50,000
Deductible	\$250

WHO IS INSURED?

Upon approval and implementation, all properly registered members of the WTA with a current membership will automatically receive this coverage.

WHAT EVENTS ARE COVERED?

- ⇒ Supervised practices at your Taekwondo training facility as well as other TKD training facilities..
- ⇒ WTA Tournaments and tournaments produced by other affiliated groups
- ⇒ WTA Training Camps
- ⇒ WTA Seminars and Rallies
- ⇒ Demonstrations and other special events supervised by your instructors

WHAT MEDICAL EXPENSES ARE COVERED?

If incurred within 365 days of the accident:

- Medical and surgical care by a physician
- X-rays
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semi-private or outpatient accommodations
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

This is EXCESS coverage and does not cover benefits already payable under other insurance or medical service plans, however, if you have no health insurance, it becomes the primary coverage and will pay up to its limits.

WHAT MEDICAL EXPENSES ARE NOT COVERED?

- Expenses paid by other plans, Worker's Compensation or similar plans, etc.
- Losses resulting from Suicide, self-destruction, or attempts at self-inflicted injury
- Losses while under the influence of drugs or narcotics, alcohol except where prescribed and taken in the proper dosages.
- Treatment of a hernia, Osgood Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
- Eyeglasses, contact lenses, or hearing aides.
- Travel by aircraft.

I ALREADY HAVE HEALTH INSURANCE—WHY DO I NEED THIS COVERAGE?

In today's world of escalating medical costs and health insurance premiums, virtually everyone with health insurance has high deductibles and high co-pays. Even a relatively minor accident that results in a trip to the emergency room can result in \$1500 or more in out of pocket expenses AFTER your health insurance pays. With a higher deductible the out of pocket costs just keep growing. The Student Accident Insurance would reimburse all of your out of pocket expenses less the \$250.00 deductible.

BENEFITS ARE PAID DIRECT TO YOU!

This brochure is only a brief summary of the coverage available under the ATLAS/AOMA Insurance Program. If there is a conflict between the contents of this document and the policy, the terms and conditions of the policy will govern in all cases.