



# BRITISH TAEKWONDO COUNCIL

TKD Centre, 192 High Street (1<sup>st</sup> Floor), West Drayton, Middx. UB7 7BE  
Tel: 01895 459949 ~ Fax: 01895 430257 ~ Email: admin@tkdcouncil.com

## INDEMNITY INSURANCE FORM

Please complete in **BLOCK CAPITALS**

### PERSONAL INFORMATION

Name:		GRADE:	
Association:		DATE OF BIRTH:	
Home Address:		Club Address: <i>(Additional Clubs to be listed on reverse)</i>	
Post Code:		Post Code:	
Phone:		Fax:	Mobile:
Email:			

### INSURANCE INFORMATION

Please circle group:	Group 2	Group 3
INDEMNITY:	£5,000,000	£5,000,000
PUBLIC LIABILITY:	£5,000,000	£10,000,000

### REGISTERED INSTRUCTOR INFORMATION

BTC Licence No:	Expiry Date:
Registered Instructor No:	Expiry Date:

### PLEASE READ AND SIGN

I would like to apply for Instructors Indemnity Insurance for the amounts circled above, I can also confirm I am a registered BTC Instructor have attended a BTC Registered Instructor course and that I accept and agree to implement all BTC Policies and Procedures.

I also declare that to the best of my knowledge there are no known incidents or circumstances that might give rise to a claim, or lead to my application being refused by the British Taekwondo Council. I further acknowledge that all cover is subject to the terms, conditions and exceptions of the master policy held by the BTC. **Teaching Under the influence of Alcohol / Drugs will invalidate your cover!**

Your Signature	Date	Authorised Association Signature	Date
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*We can only accept original forms. Photocopies, Incomplete or Incorrect forms will be discarded*