



KUK SOOL WON™

WORLD KUK SOOL ASSOCIATION, Inc.
and KUK SA NIM
Present

2019 WKSA Annual Super Seminar

This special seminar will include:

- Approximately 3 hours of intense training
 - Taught by the WKSA HQ Masters and authorized master(s)
 - Official WKSA Certificate of completion
 - A gift from WKSA HQ for participating the seminar
- *** Please arrive at least 15 minutes early in a complete WKSA uniform, and bring your own weapons.

Date: _____
Time: _____
Location: _____

STUDENT REGISTRATION (Please print)

Name: _____ Age: _____ Sex: M / F

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

Instructor Name: _____ Dojang ID _____

Your Rank: _____ BELT / STRIPE W.K.S.A. I.D. No. _____

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE GRANDMASTER IN HYUK SUH, THE WORLD KUK SOOL ASSOCIATION, INC., KUK SOOL WON™, TNS, LLC., AND ALL OF THEIR SUCCESSORS, ASSIGNS, AND ALL OF THEIR EMPLOYEES, OWNERS, OFFICERS, INSTRUCTORS AND RELATED PERSONS (COLLECTIVELY "RELEASEE") FROM ALL LIABILITY TO THE UNDERSIGNED OR MY PERSONAL REPRESENTATIVES, SUCCESSORS AND ASSIGNS FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE WKSA SEMINAR EVEN IF SUCH CLAIM AROSE DUE TO THE ACTS OR OMISSIONS OF THE RELEASEE. I ACKNOWLEDGE THAT NOTWITHSTANDING ANY STATE'S CONFLICTS OF LAWS PROVISIONS THE LAWS OF THE STATE OF TEXAS SHALL EXCLUSIVELY APPLY TO CLAIMS ARISING FROM THE WKSA SEMINAR OR FROM THIS APPLICATION AND WAIVER.

If under the age of 18, this release and consent must be signed by a parent or guardian.

Signed _____ Parent/Guardian _____

SEMINAR Fee : \$50.00 PER MEMBER

FEES ARE NOT REFUNDABLE OR TRANSFERRABLE UNDER ANY CIRCUMSTANCES.

METHOD OF PAYMENT Please remember that Kuk Sool Won or WKSA will show up on your credit card. If you refuse the payment or claim as a fraud, the WKSA will charge extra \$10 fee for reprocessing.

CASH CHECK (payable to Kuk Sool Won) Deduct from my Credit Card for the amount of \$ _____

Upon signing this form, I give permission to Kuk Sool Won to charge to my Credit Card. (VISA / MASTER ONLY)

Credit Card Number _____ EXP. Date _____ / _____

Name appears on the Card _____

Cardholder's mailing ZIP Code _____ CVVS Number: _____ (3-digit number)