



Consent/Release Form for Too Guhm Sool

I, _____, do hereby voluntarily submit myself for Too Guhm Sool (knife Throwing) practice, and ultimately Too Guhm Sool Tournament entry.

By signing below, I, _____, fully understand, accept and agree, that I am completely responsible for my own actions, and I also fully understand and agree to exercise full, and adequate caution for the safety of my own self and for the safety of others practicing with me.

I hereby release my Instructor _____, my Kuk Sool Won School _____, GrandMaster In Hyuk Suh, World Kuk Sool Association Inc., its affiliates, the WKSA LLC, its officers, agents and employees, from any responsibilities, medical costs, or any other costs and expenses that I may incur as a result of this Knife Throwing practice.

Should I receive any injury, I fully accept, understand and agree, that any medical treatment I receive, shall be of "First Aid" type only, and may be given by any person in my presence at the time of injury. I will in no way hold that person responsible for such treatment.

I confirm that I hold adequate medical insurance, if necessary, or that I have sufficient means to seek adequate medical attention, if necessary.

Print Name: _____

Signed: _____

Date of Birth: ____/____/____ Age: _____

(Must be over 18 years old at the time of sign)

Today's Date: _____