



WEAPONS WAIVER AND CONSENT FORM

The WKSA LLC (hereafter referred to as the WKSA) **strictly prohibits** weapons training for all Kuk Sool Won™ students, **including Black Belts**, under the age of eighteen (18) years old, where the weapon contains a “live blade”, or the risk of injury is greater than normal. Such weapons include, but are not limited to, **Cutting Sword, Knife Throwing, Spear Practice, and any other weapon with a live blade.**

In addition, the WKSA mandates that weapon training that includes, but not limited to, practice sword (e.g. aluminum sword, stainless sword) and archery training, should not be part of the normal practice for students including Black Belts under the age of eighteen (18) years old.

Such weapon training is only authorized and allowed under the following conditions:

1. The Student is a registered and active Black Belt member of WKSA.
2. The Head Instructor/School Owner is confident in the Student’s abilities and maturity and, in addition, has agreed to their practice.
3. The Student has obtained permission and authorization from their parent or legal guardian and that person has signed this Weapons Consent Waiver which is to be held on file at both the resident School and the WKSA Headquarters.

Please Print Clearly or Type

By signing below, I am claiming to be the Legal Guardian or parent of:

Name: _____ Age: _____

School Name: _____ Rank: _____

I hereby agree and understand that by authorizing the above named person to participate in the aforementioned weapons practice, I am releasing the WKSA LLC, and its affiliates, its Officers, Agents and Representatives, together with GrandMaster In Hyuk Suh from any and all claims regardless of their nature or intent.

I understand that should the above name person sustain injury, First Aid type of treatment my be rendered, and that I shall be completely responsible for any and all immediate and consequential medical treatment and costs that may be necessary for the above named person. I confirm that I hold adequate medical insurance, or that I have sufficient means to seek adequate medical attention.

I further understand and agree that should other persons other than the above named person, sustain injury, or damage to property, due to the direct or indirect actions of the above named person, that I shall be responsible for all costs and compensation.

Parent/Legal Guardian’s Name: _____

Signature: _____ Date: _____

School Owner’s Name: _____

School Owner’s Acceptance Signature: _____