



KUK SOOL WON™

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

2010 NATIONAL SUPER SEMINAR

Super Seminar includes the following:

- Special lecture presented by Kuk Sa Nim (pending the time allotted)
- Training Sessions with WKSA Masters

Every participant will also receive a copy of the “ 50TH ANNIVERSARY & MASTERS’ EXHIBITION ” DVD

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 : \$45.00 PER MEMBER

FEEES ARE NOT REFUNDABLE OR TRANSFERRABLE UNDER ANY CIRCUMSTANCES.

METHOD OF PAYMENT CASH CHECK (payable to World Kuk Sool Association)

Deduct from my Credit Card for the amount of \$ _____ (VISA / MASTER ONLY)

Upon signing this form, I give permission to World Kuk Sool Association charge to my Credit Card.

Credit Card Number _____ EXP. Date _____ / _____

Name appears on the Card _____

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