



Practical Weapons Symposium

American TKD Martial Arts
3183 North State Road 7, Margate FL. 33063 U.S.A.
(954) 956-8778 / www.tkdmarialarts.com

Seminar Entry form

August 29, 2009 10 a.m. to 5 p.m.

Fee: Before July 31st Members \$75 / Non Members \$85

Fee: After July 31st Members \$85 / Non Members \$100

Amount Paid: \$ _____

____ **Check here if to receive email updates on future and related events**

Name: _____ DOB.: _____ Age: _____ Height _____ Gender M/F? _____

Address: _____ City _____ Zip _____ State _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact Phone: _____ Email Address: _____

School Name: _____ Instructors Name: _____

School Address: _____

Applicants Rank: _____ Instructor, Referee Level: _____

Waiver of Liability, Voluntary Participation And Certification of Good Faith

I Hereby Certify that the information is true and correct and that I voluntarily agree to participate in the American TKD Martial Arts seminar. By signing below, I understand that martial arts training is a contact endeavor requiring the application of self-defense, joint-locks, throws, weapons and breaking techniques. We agree to assume all responsibility for any and all damages. I hereby release and waive all claims against American TKD Martial Arts and it's staff, including owners, officers, directors, employees, volunteers, sponsors, promoters, organizers, operators, hosts, Instructors, associations, schools, and other participants connected with the said training jointly and individually, or otherwise. I, further agree that if, despite this release, I or anyone on my/the minor's or anyone on my / minors behalf makes a claim against any of the Released named above, I will indemnify, save and hold harmless each of the "releases" from any litigation expenses, attorney fees, liability, damage, or cost that may incur as the result of any such claims. Both parties agree and irrevocability authorize American TKD Martial Arts or designated affiliates or successors and assigns, and those acting under authority, to copyright, use, publish, for art, advertising, trade or any other lawful purposes (including commercial purposes such as websites and any other marketing materials) whatsoever, photographic, portraits, pictures, videotapes of you in which you may be included in whole or in part.

I fully understand that in case of injury, the only provided medical treatment will be first aid. I further agree that I shall strictly obey instructors and observe safety rules. I shall Comport myself with honor and dignity and shall exercise self-control and exhibit good sportsmanship throughout my training. I also understand that all promotion, seminars, and certification fees are non-refundable once an application is processed and accepted. False information provided by me in this application and/or any other inappropriate behavior on my part will constitute due cause and grounds for my dismissal at any time; and any submitted and collected fees will not be refunded.

Applicants Signature and Print Clearly Name

Date

Parent's Signature for Minor under 18 years and Print Clearly Name

Date

School Instructor Signature and Print Clearly Name

Date