



KUK SOOL WON™

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

2017 WKSA Annual Super Seminar

This special seminar will include:

- 2 hours of intense training
- Taught by the WKSA HQ Masters and HQ authorized master(s) abroad
- May include Kuk Sa Nim's speech
- Official WKSA Certificate of completion
- A Kuk Sool Won DVD as a gift.

*** Please arrive at least 15 minutes early in a complete WKSA uniform, and bring your own weapons.

STUDENT REGISTRATION (Please print)

Name: _____ Age: _____ Sex: M / F
 Address: _____ Phone No.: _____
 City: _____ State: _____ Zip: _____
 Instructor Name: Master Barry & Choon Ok Harmon Dojang ID 713-4
 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

CASH CHECK (payable to TNS, LLC) Deduct from my Credit Card for the amount of \$ _____

Upon signing this form, I give permission to TNS, LLC. 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)