

EVENT RELEASE FORM



JU SOOL KWAN

Bouncer Seminar

GrandMaster James R. Garrison, 9th Dan

Date: March 21, 2004 3:00-6:00 PM

W.O.M.A.F.
P.O. Box 91418
Portland, OR 97291-0418
womaf@earthlink.net

Instructions

- Fee: \$30 (WOMAF members) / \$60 non-members
- Use a separate registration form for each applicant
- Check method of payment in the space provided. Make checks payable to W.O.M.A.F.
- Read waiver, fill in completely (include DOB) and sign

Payment must be included: Cash Check # _____

Participant Information - Release

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Martial Art _____ Rank _____

E-mail _____

School Name _____ Phone _____

Instructor's Name _____ Rank _____

Number of years practiced in the martial arts? _____

World Oriental Martial Arts Federation (W.O.M.A.F.) and the above named participant agree as follows:

In consideration of the fee paid, W.O.M.A.F. agrees to provide to participant martial arts training at the above activity ("Seminar"). In exchange, participant understands that there is a risk of personal injury in the course of instruction and, with this knowledge, agrees to assume the risk of any injury and damages to participant during the seminar. Specifically, participant agrees to hold harmless W.O.M.A.F. and all other individuals, organizations, sponsors, promoters, operators, hosts, instructors, associations, schools, owners, officials, directors, employees and other participants connected with the seminar from all losses, damages, injuries, causes of actions, claims, or complaints in the event that the participant is damaged or injured in any way during the participation, instruction and/or performance of any exercise or during any activity associated with the seminar location or during transit to or from the seminar.

Participant further agrees to strictly obey instructors and observe safety rules.

Because of the physical demands of martial arts and/or personal defense instruction participant understands that he/she must be in good physical condition to participate in the seminar. Participant understands that in case of injury, the only medical treatment W.O.M.A.F. will provide is first aid.

Participant agrees that any pictures, audio, or visual recordings taken of him/her in connection with the seminar can be used for publication, promotion, articles, shows and advertisement without additional consent and without compensation at this time or any other time.

I have read and understand this release and agreement and agree to its provisions. I am not under their influence of any drugs, alcohol, or other intoxicants. I am not suffering from any illness or incapacity. I am over 18 years of age. (If not over 18 years of age, parent or guardian must sign.)

Participant's Signature _____ Date _____

Parent of Guardian (if under 18) _____ Date _____