

# EVENT RELEASE FORM



JU SOOL KWAN

## Hapkido Seminar

GrandMaster James R. Garrison, 9<sup>th</sup> Dan

Date: October 7th and 8th, 2011

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

### Instructions

- Fee:  
**Both days (Fri-Sat) w/ T-Shirt:** members \$120/\$150 non-members/includes membership  
**Friday night only:** members \$40/\$70 non-members/includes membership  
**Saturday all day:** members \$80/\$110 non-members/includes membership  
Additional T-shirts: \$15 size Child, SM, M, L, XL or \$20 for XXL.
- 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 \_\_\_\_\_