



# KUK SOOL WON™

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

## 2011 WKSA Annual Super Seminar

This special seminar will include:

- 2 1/2 hours of intense training
- Taught by the WKSA HQ Masters
- May include Kuk Sa Nim's speech
- Official WKSA Certificate of completion
- The Korean government sponsored DVD about Kuk Sool Won as a gift.

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

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### 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 \_\_\_\_\_

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### 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)