



Date: May 21, 2011

Location: Piedmont 6916 Piedmont Center Plaza. Gainesville, VA

SEMINAR RESPONSIBILITY WAIVER

Participant Information

Last Name: _____ (Parent/Guardian) First Name: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Email _____

Gender _____ Date of Birth _____ Program HAPKIDO School Gainesville

I agree to comply with the rules and regulations of U.S. Tigers & the So Won Sool / Sin Moo Hapkido group. U.S. Tigers & the So Won Sool / Sin Moo Hapkido group reserves the right to amend or add to these Rules and Regulations. All classes, practice sessions, sparring sessions and contests are conducted by U.S. Tigers -So Won Sool / Sin Moo Hapkido and NOVA Hapkido instructors and are supervised with reasonable care to prevent injury and to minimize accidents. I therefore release myself / child and forever discharge any and all rights / claims for damages which I may sustain with any practice, class, sparring session, contest or athletic event or traveling to / from such events.

RETURNED CHECK FEE:

If your check for any payment, under this agreement, is returned for any reason, you may be charged a returned check fee of \$35.00, and when applicable, a late fee as well.

Initials of Student / Guardian: _____

Signature of Student / Guardian _____ Date _____

Signature of U.S. Tigers Representative _____ Date _____