



World Ko Am Mu Do

2500 Crystal Dr. #1
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www.koammudo.com

高岩武道

Grand Master Yung Ho Jun
Grand Master Jin Young Chung
Grand Master Jun Kim
Grand Master Noah Guak

Referee Seminar Entry form

October 1, 2016

1st time attend Referee Seminar person Fee: \$70

Refresher Referee Seminar person Fee: \$40

Amount Paid: \$ _____

Name: _____ DOB.: _____ Age: _____ Height _____ Gender M/F? _____

Address: _____ City _____ Zip _____ State _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact Phone: _____ Email Address: _____

School Name: _____ Instructors Name: _____

Applicants Rank: _____ Instructor, Referee Level: _____

Waiver of Liability, Voluntary Participation And Certification of Good Faith

I Hereby Certify that the information is true and correct and that I voluntarily agree to participate in the Ko Am Mu Do seminar. By signing below, I understand that martial arts training is a contact endeavor requiring the application of self-defense, joint-locks, throws and breaking techniques. We agree to assume all responsibility for any and all damages. I hereby release and waive all claims against the Ko Am Mu Do Federation and it's staff, including owners, officers, directors, employees, volunteers, sponsors, promoters, organizers, operators, hosts, Instructors, Masters. Grand Masters, associations, schools, and other participants connected with the said training jointly and individually, or otherwise. I, further agree that if, despite this release, I or anyone on my/the minor's or anyone on my / minors behalf makes a claim against any of the Released named above, I will indemnify, save and hold harmless each of the "releasees" from any litigation expenses, attorney fees, liability, damage, or cost that may incur as the result of any such claims. Both parties agree and irrevocability authorize The World Ko Am Mu Do Federation or designated affiliates or successors and assigns, and those acting under authority, to copyright, use, publish, for art, advertising, trade or any other lawful purposes (including commercial purposes such as websites and any other marketing materials) whatsoever, photographic, portraits, pictures, videotapes of you in which you may be included in whole or in part.

I fully understand that in case of injury, the only provided medical treatment will be first aid. I further agree that I shall strictly obey instructors, Masters and Grand Masters and observe safety rules. I shall Comport myself with honor and dignity and shall exercise self-control and exhibit good sportsmanship throughout my training. I also understand that all promotion, seminars, and certification fees are non-refundable once an application is processed and accepted. False information provided by me in this application and/or any other inappropriate behavior on my part will constitute due cause and grounds for my dismissal at any time; and any submitted and collected fees will not be refunded.

Applicants Signature and Print Clearly Name

Date

Parent's Signature for Minor under 18 years and Print Clearly Name

Date