

# NKMAA Seminar Registration Form

(Please Print Or Type)

Name: (Last) \_\_\_\_\_ (First): \_\_\_\_\_ (M Initial): \_\_\_\_\_

Address (Street): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Date Of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Style And Rank: \_\_\_\_\_ Date Of Rank: Month \_\_\_\_\_ Day \_\_\_\_\_ Year: \_\_\_\_\_

## **WAIVER OF LIABILITY**

I hereby submit my application for participation in this NKMAA Martial Arts Seminar. I clearly recognize that a risk is involved in participating in this seminar and related activities, which has been completely explained to me and my parents and/or guardians. Participant attests that he/she is physically fit to participate in the seminar(s).

In consideration thereof, I hereby waive, release, and forever discharge the National Korean Martial Arts Association (NKMAA), Grandmaster Rudy Timmerman, the seminar host(s), and all participants, on behalf of myself, my heirs, my executors, my administrators and assigns, of any and all claims, rights, or causes of action whatsoever for any damages or injuries which may arise traveling to, participating in, returning from the seminar(s), or which might arise thereafter, against any person or entity in any way connected with the seminar. The parents and/or guardians of the applicant hereby request that this application be accepted, and in consideration thereof, agree to indemnify and release all members of the NKMAA, Grandmaster Rudy Timmerman, seminar participants and seminar host(s), from all claims made or which may be made on behalf of the applicant, for the aforesaid consideration. I understand that all fees are non-refundable.

## **PHOTO/VIDEO RELEASE**

I hereby agree that any photographs and/or videos taken of me during my participation in this seminar may be used for publicity or any other use seen fit by the NKMAA, Grandmaster Rudy Timmerman, seminar participants and seminar host(s), without any compensation to my parents, guardians, or myself. I hereby waive any right I may have to inspect and/or approve any photographs and/or videos of myself.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if applicant  
is under 18 years of age.

\_\_\_\_\_  
Date