

REGISTRATION FORM

March 2nd - 4th, 2012

Mail form to: GM J.R. West
45 Wintergreen
Madison, MS 39110

EVENT: _____

NAME _____ PHONE () _____

DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____

ZIP _____

RANK _____ STYLE _____

INSTRUCTOR _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

ORGANIZATIONAL AFFILIATION _____

RELEASE: For and in consideration of the use and membership of West's Hapkido Academy, Inc. facilities and other good and valuable considerations allowed by West's Hapkido Academy, Inc., I do hereby for myself, my heirs, executors, administrators, personal representative and/or assigns fully and forever remise, West's Hapkido Academy, Inc. and all other persons, firms, or corporations from any and all claim or claims, demands, injuries, damages, actions, causes of action, suit or suits or anything whatsoever resulting or to result to me by reason of any accident or injury that may occur during my voluntary use of said facilities.

I do covenant with each and all parties released that I will hold them forever harmless and indemnify them and each of them from any and all claim or claims hereafter presented by any persons, firm, or corporation. I hereby authorize any and all photographs taken at this event to be used in any manner by the USKMAF or West's HapKiDo Academy Inc.

NAME _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____

(IF UNDER 18 YEARS OF AGE)