

# CHS Martial Arts

*Additional Training*

Master Sterling Chase (719) 231-2480

*www.chaehooksung.com*

---

---

**DATE:** Starting from September 2004 till the end of February 2005

Tournament Team: Practices will be twice a month on Saturdays 9:00am – 10:30am

Demonstration Team: Practices will be twice a month on Fridays 6:00pm – 7:30pm

Additional practices will be scheduled in accordance with corresponding events.

**LOCATION:** ArtSports in Colorado Springs

**FEE:** Individual Student \$30.00 each or \$40.00 both

Family Per Student \$15.00 each or \$20.00 both

*Register with check, or money order, cash.*

*Or send application by mail to:*

*CHS Martial Arts*

*6660 Delmonico Dr. Ste D 129*

*Colorado Springs, CO 80919*

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**RANK:** \_\_\_\_\_ BELT/DAN

---

---

## WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

*In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors, and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and hold harmless any and all rights and claims for damages which I may have or may accrue to me against CHS Martial Arts, ArtSports and its owner/subsidiaries.*

*I understand the risks of bodily injury associated with Taekwondo, however, I believe that my experience and/or capabilities or that of my minor child enable participation in this training seminar.*

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*