

World Kido Federation/Moo Hap Sool/Hanminjok Hapkido Association  
Featuring Grand Master McMurray  
May 24, 2008 / 8am - 2pm

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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School Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Instructors Name: \_\_\_\_\_ Style: \_\_\_\_\_

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Registration Fees:

Individual Rate	\$60
Family Rate	\$100
(up to 3 persons)	\$30 each additional family member

Schedule of Events:

8:00 - 9:00am	Taekwondo kicking, drills, and sparring applications
9:15 - 10:15am	Hapkido for Family & Kids
10:30 - 12:00pm	Top 10 Assaults
12:00 - 12:30pm	Lunch Break
12:30 - 2:00pm	Finishing Assaults, Flex Weapons, & Traditional Techniques

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I hereby make application to participate in the above mentioned Hapkido seminar, and upon acceptance, I recognize there is a risk of bodily injury or other personal loss for which I am totally responsible. I further affirm that I am in good health and I am aware that all activities including but not limited to physical training, stretching, and all other activities to participation in the martial arts are entirely voluntary. I am aware that I can elect not to take part in any activity which I feel may involve some element of risk or discomfort to me.

I agree to hold harmless and indemnify James McMurray, Isaac Costley, Northgate Martial Arts Center, CHS Martial Arts, the organization World Kido Federation, Calvary Family Martial Arts & Fitness Inc., and/or affiliated associations and all instructors, members and promoters of the seminar, and authorized guests from liability from damages for any injuries, including but not limited to death and disability arising from any of the activities of this seminar. I also understand that any treatment for injuries that I may sustain will be of a first aid type only, given with my permission, and I fully understand the provider may not be a trained medical person. I also authorize, by being present, the use of all pictures and/or video images of myself that I have submitted or that shall be taken at the seminar for publicity or promotional purposes and I renounce any and all compensation in this respect.

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Applicant Signature

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Date

For Minors Only:

As parent/guardian of the above named applicant, I request that the applicant be accepted and agree to hold harmless those persons, organizations, entities, associations, instructors, guest instructors, and guests listed above from all claim made by or on behalf of the applicant, in consideration of accepting him/her for entrance in this above named seminar.