



HAP KI DO QUALIFYING SEMINAR

NAME: _____ AGE: _____

ADDRESS: _____

PHONE #: _____ RANK: _____

TIME: 7:00 – 10:00pm
DATES: May 28, June 25, July 30, August 27
FEE: \$220.00, payable in one installment
LOCATION: Vaughn's Dojang

Waiver of Liability

I, the above named student (or the parent on behalf of the above named student if such student is a minor), do hereby submit my application for registration in the Valley Forge Martial Arts, Inc. Hap Ki Do Program. I understand that reasonable care is taken to prevent serious injury and to minimize accidents, but I also understand that physical injury is an inherent risk in the practice of the joint locking of self-defense of Hap Ki Do. Further, I understand that I am participating in an activity that will involve body contact, rolling, jumping and throwing techniques. I agree to hold Valley Forge Martial Arts, Inc., its affiliates, any and all instructors, students and participants free and harmless of any responsibility and/or liability for damages, or physical injury arising from or related to my participation in the program described in this application, Karate, Hap Ki Do classes, free sparring, demonstrations, tournament competition, and any other events or acts related to my participation in such activities. I further agree that I am fully responsible and liable for any and all medical expenses that I may incur, and I am responsible for having my own medical insurance.

I hereby agree that any pictures taken of or by me in connection with Valley Forge Martial Arts, Inc. classes, demonstrations, tournaments, and/or other activities described herein may be used by Valley Forge Martial Arts, Inc. for publicity or promotion in any way without compensation at this time or any other time.

Make Checks Payable to VFMA.

Student _____
(Signature)

Signature _____
(If enrollee is a minor, Parent's signature AND printed name)