



KUK SOOL WON™

WKSA, LLC
and KUK SA NIM
Present

WKSA Annual Contined Education Program

Please complete this form if you have been approved by HQ to attend this special "Invitation Only" event. You may attend the CEP with the fee of \$150 payable to WKSA, LLC., if you are:

1. An active and current WKSA Black Belt with the rank of SBN or higher,
2. A spouse of an active and current USA WKSA school owner with Franchise Agreement,
3. A Designated Instructor of an official WKSA School,
4. A future WKSA School Owner, who has submitted a proper document to HQ and received an approval,

INSTRUCTOR REGISTRATION (Please print)

Name: _____ Age: _____ Sex: M / F
 Address: _____ Phone No.: _____
 City: _____ State: _____ Zip: _____
 School Owner's Name: _____ Dojang ID _____
 Your Rank: _____ Dahn W.K.S.A. I.D. No. _____

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE GRANDMASTER IN HYUK SUH, THE WORLD KUK SOOL ASSOCIATION, INC., KUK SOOL WON™, WKSA, LLC., AND ALL OF THEIR SUCCESSORS, ASSIGNS, AND ALL OF THEIR EMPLOYEES, OWNERS, OFFICERS, INSTRUCTORS AND RELATED PERSONS (COLLECTIVELY "RELEASEE") FROM ALL LIABILITY TO THE UNDERSIGNED OR MY PERSONAL REPRESENTATIVES, SUCCESSORS AND ASSIGNS FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE WKSA SEMINAR EVEN IF SUCH CLAIM AROSE DUE TO THE ACTS OR OMISSIONS OF THE RELEASEE. I ACKNOWLEDGE THAT NOTWITHSTANDING ANY STATE'S CONFLICTS OF LAWS PROVISIONS THE LAWS OF THE STATE OF TEXAS SHALL EXCLUSIVELY APPLY TO CLAIMS ARISING FROM THE WKSA SEMINAR OR FROM THIS APPLICATION AND WAIVER.

If under the age of 18, this release and consent must be signed by a parent or guardian.

Signed _____ Parent/Guardian _____

Fee: \$150.00 PER MEMBER

FEES ARE NOT REFUNDABLE OR TRANSFERRABLE UNDER ANY CIRCUMSTANCES.

METHOD OF PAYMENT

CASH CHECK (payable to WKSA, LLC) Deduct from my Credit Card for the amount of \$ _____

Upon signing this form, I give permission to WKSA, LLC. to charge to my Credit Card. (VISA/MASTER CARD ONLY)

Credit Card Number _____ EXP. Date ____/____

Name appears on the Card _____

Cardholder's mailing ZIP Code _____ CVVS Number: _____ (3-digit number)