



REGISTRATION FORM

GRANDMASTER SEMINAR

FULL NAME

RANK

DATE OF BIRTH (MM/DD/YYYY)

PAYMENT METHOD: CASH CHECK # _____ (PAYABLE TO: UMKS, LLC)
 Zelle payment to office@umks.net (list participant name and rank in memo)

WHICH SESSION ARE YOU ATTENDING?

- Session One: Foundations (open to public) 11:00am-1:00pm \$60
- Session Two: Intermediate 12:30pm-2:30pm \$60
- Session Three: Advanced 12:30pm-4:30pm \$100

To the fullest extent allowed by law, and in consideration of the permission granted to our child/ward to **INDEMNIFY, AND HOLD HARMLESS** United Mirae Kuk Sool, LLC, its affiliates, members and volunteers, as well as the host dojang, its affiliates, members and volunteers, from any claims resulting from any loss or damage suffered by myself or any family member as a result of our child/ward's participation. We give permission to have our child's photograph taken during the event to be used for publicity purposes for United Mirae Kuk Sool, LLC. We also agree to be responsible for any medical expenses incurred by the minor. We, the parent(s)/guardian(s), have read this **RELEASE** and understand all its terms. We execute it voluntarily and with full knowledge of its significance.

I acknowledge that in the event that I cannot be reached in an emergency, my emergency contacts and/or an authorized agent of United Mirae Kuk Sool, LLC and/or the host dojang may act on behalf and at my expense.

Parent's Signature (if minor): _____

Signature: _____ Date: _____