

# United States Taekwon-Do Federation

## Knife & Weapons Defense Course Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

USTF School \_\_\_\_\_ Rank \_\_\_\_\_

Instructor: **Master (Major) Frank Hannon, VII Dan**

Seminar Fee: \$65 (includes rubber training knife)

Lunch (optional): \$6 (Subway Sandwiches & soda or water)

Date:	October 6 <sup>th</sup> , 2012
Start & Finish Time:	9:00am to 5:00pm
Location:	Northwest Multi-Purpose Center (300 North 1300 West, Salt Lake City, UT)

**NOTE:** All participants will need to wear clothing that can be sacrificed for training.  
A Taekwon-Do DoBak would likely be destroyed – so please wear something else!  
Recommend light colored clothes so the “knife strikes” show nicely.

### Liability Waiver, Photograph & Video Use, and Insurance Verification Form

In consideration of your acceptance of my and/or my child’s participation in this event, I hereby, for myself, and for and on behalf of my child, indemnify, release, forever discharge, and agree to hold harmless United States Taekwon-Do Federation, Inc., and the officers, employees, and agents thereof from any and all liability, claims, demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and/or the child-participant while participating in this event.

I clearly understand that participation in Taekwon-Do involves bodily contact. I am aware of my and my child’s personal medical condition and hereby certify that my, and/or my child’s, participation is voluntary and that I, and/or my child, am/are mentally and physically fit to participate in said event.

I hereby consent to and authorize the taking of photographs and video in which I and/or my child may appear. I hereby waive for myself, and for and on behalf of my child, all rights of privacy in and to any said photographs or video, without limitation, nor any claims for libel and/or invasion of privacy. I hereby grant for myself, and for and on behalf of my child, to Burning Phoenix Taekwon-Do, the irrevocable right and permission in respect to the photographs or video that is taken or has had taken of me to use, re-use, publish, modify, and display the same, in whole or part, individually or in conjunction with other photographs, and in conjunction with any other copyrighted materials, in any and all media now or hereafter known, for illustration, promotion, art, advertising, trade, or any other purpose whatsoever, and to use my name in connection therewith if it so chooses.

Additionally, my health insurance is through \_\_\_\_\_ and current.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_