

Sandalwood Martial Arts

Application for Grandmaster Hwang Seminar

June 23th 2007

Applicant's Name

Applicant's Date of Birth

Applicant's Address – house/apt. or post # & street

Applicant's Home Phone Number (with area code)

Applicant's Address – City & Province or State

Applicant's Martial Arts Rank

Applicant's Address – Country & Postal or Zip Code

Applicant's Martial Arts Instructor

Parent /guardian's name (if applicant under 19 years)

Applicant's Martial Arts School or Club

PLEASE NOTE: ATTENDANCE IS BY PRE-REGISTRATION ONLY

Registration Deadline is June 9, 2007

Release and Waiver of Liability

I the undersigned, hereby release SANDALWOOD MARTIAL ARTS INC., its instructors, representatives, and any other agency, persons, or their heirs, associated with SANDALWOOD MARTIAL ARTS INC., in any capacity whatsoever, from any and all liability due to injuries, that I may incur as a result of my attendance or participation at said event. I clearly understand that participation in this event involves physical exertion and physical contact and all associated risks. I am fully aware of my personal medical condition and I hereby certify that I am physically and mentally fit to participate in this event. Furthermore, I fully understand that any medical treatment that I may be offered or given, by SANDALWOOD MARTIAL ARTS INC. representatives, is emergency first aid treatment only. I agree to abide by the event's rules and I assume all responsibility, and any associated liability, should I infringe on said rules. Also, I hereby waive any and all compensation whatsoever for the use of any pictures or images taken of me in connection with this event and I agree that any such images, become the property of SANDALWOOD MARTIAL ARTS Inc. and can be used for publicity or promotion, now or at any future time without any further prior notification or remuneration.

Applicant's Signature (if 19 years of age or over)

Signature of parent/guardian who assumes complete responsibility if applicant is under 19 years of age

Date

Sandalwood Martial Arts Representative

Please make cheque or money order payable to SANDALWOOD MARTIAL ARTS and return completed forms to Sandalwood Martial Arts, 940 Joan Crescent, Victoria B.C., V8S 3L2

Please email any questions to sandalwood@shaw.ca or call Albert at 250-595-1088