



*Lewis Institute of
Tae Park Tae Kwon Do
Chung Do Kwan*



TAE PARK TAE KWON DO CHUNG DO KWAN

Mid-South Seminar Entry Form

23rd Annual National & International Seminar, Color-Belt & Black-Belt Testing

Name _____ Phone _____

Address _____
Street, Drive, Ave, P.O. Box, Etc. City, State Zip

Instructor Master Mark Putman Instructor's Ph.# 913-667-0199

In consideration of your acceptance of my registration, I do hereby for myself, my heirs, executors, and administrators forever waive, release and discharge any or all rights/claims for damages which I may have or which may accrue to me against Tae Park Tae Kwon Do, World Tae Kwon Do Federation, all Master Instructors, all volunteers and members of the seminar or their respective officer, agents, representatives successors, and/or assignees, and against any participants for any and all damages which may be sustained by me in connection with or association with, participation in, or entry in the above athletic meet and seminar, or in connection with any medical services that may be provided for any such injury or illness. I understand that Tae Kwon Do is a body-contact sport. I further understand that I may be dismissed from the premises without compensation or refund if my conduct is not courteous and cooperative for the successful operation of the seminar. I, the undersigned, do understand that the registration fee is non-refundable.

Date _____ Participant's Signature _____

Parent or legal guardian's signature _____

Weight _____ Height _____ Belt _____ Age _____

Institute Name Grand Master Kim's Taekwondo Email: gmktkd1@gmail.com



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MEDICAL RELEASE FORM

I/we do hereby give Tae Zee Park, Richard Warren, Dennis Lewis, and any Master Instructor permission to seek medical attention as needed for the participant named below. I/we agree to not hold Tae Zee Park, Richard Warren, Dennis Lewis, and any Master Instructor liable for any accident or injury that may occur, and release them from their own negligence.

Name _____

Phone _____

Date _____ Participant Signature _____

Parent/Legal Guardian (If under 18yrs. old) _____

Health Insurance Company Name _____

Policy Number _____