



# Kuk Sool Won™ Martial Arts

32215 Tamina Road, Magnolia, Texas 77359 www.kswwoodlands.com ☎(281) 259-6333

## Parent's Night Out Registration Form

Please fill out this form in its entirety. Separate forms must be filled out for each Child.

### Date and Time

Check the session you are registering for:

- Saturday, February 13  
Time: 6:00~10:00
- Saturday, March 13  
Time: 6:00~10:00
- Saturday, April 17  
Time: 6:00~10:00
- Saturday, May 8  
Time: 6:00~10:00

### Registration Tuition

Early registration required  
\$15 per child (\$30 max per Family)

*Make checks payable to:*  
**Kuk Sool Won**  
**or pay by Credit Card**

### Student Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

\* For office use only\*

Tuition breakdown:

Paid by:  CC  Check

Parent's Night Out is a fun filled event in which students and guests will enjoy four hours of supervised activity. This event is separate from regular class; however, both students and their guests will be participating in martial arts training sessions, games, and other activities taught by qualified instructors and assistant instructors. As with all activity, there is a risk of accidental injury, by signing this permission slip you are aware and recognize the possible risk of injury and release Kuk Sool Won™, Kuk Sool Won of The Woodlands, West, Woodlands Martial Arts Center, LLC and all of its personnel from any and all liability.



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### Participant Information

Name \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Parents Signature \_\_\_\_\_

(I have read below)

**Date and Time**

Saturday, August 22<sup>nd</sup>

Time: 6:00~10:00

### Registration Tuition

**The cost is \$15 per child. Students: Bring a friend(s) not currently enrolled and save \$5.  
Max of \$30 per family.**

*Make checks payable to: Kuk Sool Won or pay by Credit Card*

Releaser – hereinafter referred to as Student and/or Parent. Release – D.B.A. Kuk Sool Won™ in The Woodlands, including officers, officials, employees, sponsoring agents, sponsors, advertisers, instructors, owners and their heirs, hereinafter referred to as KSWTW. Class, practice, or training – hereinafter referred to as the program. The World Kuk Sool Association – hereinafter referred to as WKSA.

### **PARTICIPANT WAIVER/RELEASE OF LIABILITY – READ BEFORE SIGNING.**

In consideration of being allowed to participate in any way in the KSWTW program, I, \_\_\_\_\_, the undersigned acknowledge, obligate myself and agree that the risk of injury from the activities involved in this program is significant and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist, including, but not limited to, the potential for permanent paralysis, death, broken bones, dental injuries, etc., and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF KSWTW, WKSA, or others, and assume full responsibility for any participation, and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence of participation, I will remove myself from participation and bring such hazard to the attention of the nearest official or employee immediately, and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS KSWTW and, if applicable, owners and lessors of premises used to conduct the program, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF KSWTW, WKSA, OR OTHERWISE, to the fullest extent permitted by law. Student agrees that the civil code regarding general release in the state of domiciliary shall have no effect. Student furthermore agrees that this general release shall extend to claims which the creditor/student does not know or suspect to exist in his/her favor at the time of executing the release, which if known by student must have materially affected any settlement with KSWTW. Student hereby waives all rights under the civil code section.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT.**

### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that we, as parents/guardians with legal responsibility for this participant, do consent and agree to his/her waiver/release as provided above for all the Releases, and, for myself, my heirs, assigns, and next of kin, I and my spouse release and agree to indemnity and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASES, to the fullest extent permitted by law.

Single  Married/Separated  Step  Guardian  \_\_\_\_\_ X  
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE # \_\_\_\_\_ X