

*Kuk Sool Won™ of Woodland Inc. Invited by: \_\_\_\_\_*

618 Cottonwood Street, Woodland, CA 95695, (530) 406-0618, www.kswofwoodland.com

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## SPIRIT WEEK -- GUEST PASS

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Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

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

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E-Mail Address \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

### Release of Liability and Photo Release

To the fullest extent allowed by law, I agree to **INDEMNIFY, AND HOLD HARMLESS** Kuk Sool Won™ of Woodland, Inc., 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 my/my child's participation. I give permission to have my/my child's photograph taken during the event to be used for publicity purposes for Kuk Sool Won™ of Woodland, Inc. I also agree to be responsible for any medical expenses incurred by participating in this event / class. By signing, I agree to comply with this **RELEASE** and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In the event of an emergency, I authorize Kuk Sool Won of Woodland to act on my behalf in a supervisory/ adult volunteer capacity to consent to medical, surgical, or dental examination, treatment, etc. In case of an emergency, I hereby authorize my treatment and/or care at the nearest hospital with the cost to be incurred by myself. Please also contact the following in an emergency.

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Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

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Please list any medically significant information here (medical conditions, medications – dose and frequency, allergies, surgeries, etc.)

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

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