

Tang Soo Do Clinic
APPLICATION

Name _____

Cell number _____

E mail _____

Tang Soo Do School which you are a member of

Your instructor _____

Your rank _____

Your age _____

I agree to participate in the all day seminar August 11, 2018. I hereby warrant that I am in good physical condition and have no disability preventing me from participating in physical exercise. I acknowledge that I am participating in this clinic at my own risk. I hereby waive liability to Grand Master DA Giacobbe, to all the instructors and members of the clinic, the I.T.O., the Tang Soo Karate Academy and Harrah's Casino.

Signature _____

Parent/Guardian _____