



# HOLON WELLNESS TAEKWON-DO REGISTRATION FORM

**DUE BY 1/23/2019**

(Please Print)

COMPETITOR INFORMATION									
Last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Belt Rank:	
Height:	Weight:	Dojang Name:		Instructor Name:		Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:						Phone no.: ( )			
				City:		State:		ZIP Code:	
						Email:			
Which Events?:									
<input type="checkbox"/> PATTERNS <input type="checkbox"/> SPARRING <input type="checkbox"/> SPEED KICKING (all ages)									
<b>\$55</b> PRE-REGISTRATION (received by 1/07/19)						<b>\$25</b> registration fee for Team USA members competing in WC Germany		<b>T-SHIRT ORDERS AND SEMINAR</b>  <b>WWW.HOLONWELLNESS.COM</b>	
<b>\$65</b> LATE REGISTRATION (received AFTER 1/07/19)									

**Please send registration and payment to  
Holon Wellness 5765 W Elmhurst Dr. Littleton, CO 80128**

**AMOUNT ENCLOSED:**

In consideration of being allowed to participate in any way in Holon Wellness TKD New Year Tournament, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my 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 or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Holon Wellness TKD, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**NO REFUNDS**

**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.**

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*Patient/Guardian/Competitor signature* *Date*