

**NUNEZ'S TAEKWON-DO WORKSHOP
REGISTRATION FORM
2018
SPARRING CAMP WORKSHOP**

NAME _____
AGE _____ RANK _____
ADDRESS _____
CITY _____ STATE _____
EMAIL _____
CONTACT NUMBER _____
SCHOOL _____
INSTRUCTOR _____

\$ _____ TOTAL AMOUNT ENCLOSED (PAYMENT CHECK OR MONEY ORDER)

**EACH PARTICIPANT MUST COMPLETE A
REGISTRATION FORM**

**PLEASE ENCLOSE PAYMENT WITH
REGISTRATION FORM**

AND MAIL BY DEADLINE 7-7-18 (LATE FEE \$20) TO:

**Master Fabian Nunez
500 Outlet Mall Blvd. #55
St. Augustine, Fl. 32084**

WAIVER

THE PARTICIPANT REALIZES THAT THERE IS A RISK OF INJURY INVOLVED IN TAEKWON-DO. HE/SHE ASSUMES THE RISK OF ACCIDENT, INJURY, DAMAGE, LOSS OR HARM OF ANY KIND TO THE PARTICIPANT'S PERSON OR PROPERTY AS A RESULT OF PARTICIPATING IN THE NUNEZ TKD SPARRING WORKSHOP. NUNEZ TAEKWON-DO OFFICERS, INSTRUCTORS, FELLOW MEMBERS OR GUESTS, SHALL NOT IN ANY WAY BE LIABLE FOR ANY CLAIMS, LIABILITY, DEMANDS, SUITS, ACTIONS OR ANY OTHER PROCEEDINGS OF ANY KIND ON ACCOUNT OF ACCIDENT, INJURY, DAMAGE, LOSS OR HARM OF ANY KIND SUSTAINED BY THE MEMBER/PARTICIPANT OR TO THE MEMBER'S/PARTICIPANT'S PROPERTY.

SIGNATURE: _____ DATE: _____

(PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER 18 YEARS OF AGE)