

**Family Martial Arts Center - World Mu Sool Won**  
**SUMMER SPECIAL REGISTRATION**  
 13584 Pond Springs Rd Austin, TX 78729 512-258-7373

**PLEASE PRINT**

**ONE FORM PER ATTENDEE**

Student's Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent's Full Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ How did you find out about us? \_\_\_\_\_

**PAYMENT INFORMATION (2010 Summer Special for Children)**

Fee: \$120 (includes free uniform )

\*Sign up for two months or more and get a FREE t-shirt

			<b>June</b>	<b>July</b>	<b>August</b>
<b>1</b>	<b>M, W, F</b>	11:00-12:00	\$120	\$120	\$120
<b>2</b>	<b>M, W, F</b>	5:00-6:00	\$120	\$120	\$120
<b>3</b>	<b>T, Th, F</b>	6:00-7:00	\$120	\$120	\$120

**All directions and safety precautions MUST BE FOLLOWED in order to participate. In the event that they can not, parents will be contacted and will be expected to pick up promptly.**

**If you would like to remit by cash or check please bring this completed form by our office.  
 If you would like to use your credit card please FAX this completed form to 512-258-7733.**

**Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_**

**Signature \_\_\_\_\_**

I authorize WMSW to charge my credit card for the summer special based on the total shown. TOTAL \_\_\_\_\_

**PARTICIPANT WAIVER/RELEASE OF LIABILITY -- READ BEFORE SIGNING**

In consideration being allowed to participate in any way in the WMSW 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 the particular rules, equipment, and personal discipline may reduce this 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 WMSW, or others, and assume full responsibility for my 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 WMSW and, if applicable, owners and lessors of premises used to conduct the program, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF WMSW 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 of know by student must have materially affected and settlement with WMSW. Student hereby waives all rights under the civil code section.

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 IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULL UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. ALL TUITION FEES, AND ALL TESTING FEES ARE NOT REFUNDABLE UNDER ANY CIRCUMSTANCES.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_