

GONGKWON YUSUL

June 27th to 29th, 2025 Ohio Seminar Registration Form

Participant Information

First Name:	Middle Initial:	Last Name:
Age:	Birthdate:	Gender:
Address:		City:
State:	Zip Code:	Country:
Phone:	Email:	
Current Martial Art Style:		Current Belt Rank:

Participant's School/Dojo/Dojang Information

Master's Name:		School Name:
School Address:		City:
State:	Zip Code:	Country:
Phone:	Email:	

Event Information

Price: <input type="checkbox"/> \$100 for any one two-hour seminar <input type="checkbox"/> \$150 for two two-hour seminars <input type="checkbox"/> \$200 for three two-hour seminars	<div>Members of the International Gongkwon Association receive a \$50 discount</div>	Payment Method: Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/>
		Total Payment \$

Application deadline is June 20th -
Payment can be made at the door, or mailed to: Central Ohio Martial Arts
4264 North High Street, Columbus, Ohio 43214

I hereby submit this registration form to participate in the Gongkwon Yusul Ohio seminar conducted on June 27th to 29th, 2025.
Please sign directly below and sign the liability waiver and release of claims at the bottom of the page.

Signature of Participant:	Date:
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Liability Waiver and Release of Claims Agreement

I hereby submit this registration form for participation in and entry to the Gongkwon Yusul Ohio seminar, June 27th to 29th, 2025. I do hereby, for myself, my heirs, and administrators, waive release and forever discharge any and all rights and claims of liability against: International Gongkwon Yusul Association, COMA, Central Ohio Martial Arts, and its facilities, chairpersons, directors, organizing committee, members, instructors and masters, presenters, event sponsors, officers, agents, staff, and anyone helping in this event, for any all damages sustained in connection with my participation in the seminar, or which may arise out of my traveling to/from the seminar. I fully understand that the seminar will involve martial arts and body contact training. I fully assume any and all resulting physical injury from such training including but not limited to: falling, diving, rolling, being thrown, kicking, striking, wrestling, joint manipulation, choke-holds, pressure point applications, weapons, and special equipment utilization. I hereby assume full responsibility for any and all injuries including loss of life, which I may suffer in connection with the seminar.

Signature of Participant:	Date:
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If participant is under 18 years old, a parent or guardian must sign.