

## KUKKIWON REGISTRATION FORM



- \* Kukkiwon Test Examiners Certification \* World Taekwodo Hanmadang Referee Course
- \* Kukkiwon Special Promotion Test
- \* International Masters Training Course\*

Applicant's Name	First			MI		
Address						
City		State	Zip	Photo ID		
Email address						
Home Phone ()	Cell Phone (	)				
Date of Birth	Age Nationality	·		Sex: M F		
Dan Rank Kukkiw	on Cert No		Ds	nte Issued		
Other Dan Rank						
School Name			School Phone	()		
School Address						
City		State	Zip	Nation		
School Email Address				_ School Owner: Yes No		
(Check all that applies):						
Kukkiwon Test Examiner	s Certification	Kukki	iwon Special Pro	motionTest		
Nov. 19 - 22, 2015 (Deadline to apply - Oct. 10, 2015)			Upcoming event – date to be announced			
World Taekwondo Hanmadang Referee Course Upcoming event – date to be announced			International Masters Training Course Mar. 3 -6, 2016			
Detailed information will be	e sent once registration form is re	eceived. Con	tact information:			
	WORLD TAEKWO	ONDO MAST	TERS UNION			
	Address: 3141 Dundee Road, Website: www.kukkiwoninfo Email: kukkiwoninfo@yaho	.org	IL 60062			

## LIABILITY WAIVER

In consideration of your acceptance of my registration, I do hereby, for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have, or which may accrue to me, against the WTMU and Kukkiwon World Taekwondo Headquarters, and their respective officers, agents, representatives, successors, and or assigns, and all damages which may be sustained by me in connection with my association with or entry in the above events, or which may arise out of traveling to, participating in, and returning from such events, and in connection with any medical service I may be provided in connection with any injury or illness. I understand that Taekwondo is a body contact sport, and I further understand all contents of the courses and general information which was published by the sponsors and I agree with them in their entirety. I further understand that I may be dismissed form the premises without compensation if my conduct is not cooperative for the successful operation of the events. I also agree that any and all photographs taken by the officials of the WTMU and the Kukkiwon are the sole property of the WTMU and Kukkiwon officials and are to be used as they wish.

Applicant's Signature	Date	2

(847) 480-9224

(847) 480-9255

Phone:

Fax: