

Region 20 Advanced Ranks Summer Camp 2019



Name _____ M F Age _____

RANK: Brown Red CDB Dan Studio _____

E-mail _____ Tel (____) _____

Emergency Contact: _____ Tel (____) _____

Medical/Dietary Restrictions: _____

WAIVER OF CLAIMS

I, the undersigned, do hereby agree to abide by the rules which may be explained verbally or in writing at the 2019 Region 20 Summer Camp. I recognize that Tang Soo Do and other forms of the Martial Arts are activities in which substantial physical contact may regularly occur and that such contact may result in physical injury. In consideration of my participation in any activities held by or on behalf of the 2019 Region 20 Summer Camp. I, for myself and my successors, heirs and assigns, do hereby release and discharge the World Tang Soo Do Association, Grandmaster Robert Beaudoin, the representatives/agents of the World Tang Soo Do Association, San Diego County Office of Education, the representatives from my own studio, and my own instructor from any and all claims, demands, and causes of action of whatsoever nature which I or my successors, heirs and assigns ever may have against them for, on account of, by reason or arising in connection with any Martial Arts instruction, participation or any other activity held by or on behalf of the 2016 2019 Region 20 Summer Camp and hereby waive any claims demands and causes of action. I agree that my performance or attendance at the 2019 Region 20 Summer Camp may be filmed or otherwise recorded or telecasted live and I consent to the use of my likeness to be used by any appointed agent of the World Tang Soo Do Association, including any public news media. I waive any right to compensation for the use of my likeness recorded at any WTSDA event forever.

Jurisdiction of San Diego County

PARTICIPANT _____

PARENT /GUARDIAN _____

(if participant is under 18 years old)



**August 24, 2019
8:00 AM to 8:00 PM**

Admiral Baker Rec Area
2400 Admiral Baker Rd
and
Filippis' Pizza Grotto
10330 Friar's Road

REGISTRATION FEE \$ 45.00

Camp T-shirt Size _____ Child / Adult **INCLUDED BY AUG 3**

Additional T-shirts \$15.00 each

Qty: _____ Size _____ Child / Adult \$ _____

TOTAL AMOUNT DUE AT CAMP \$ _____

CASH / CHECK TO WTSDA REGION 20 / PAYPAL to coastal.canyon.tsd@gmail.com