



POOMSAE SEMINAR LIABILITY WAIVER FORM

ity: State: Date of Birth: / E-mail: Zip: structor's Signature:
E-mail:Zip:structor's Signature:
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none: ()
Relationship:
IES I MAY SUSTAIN. I ASSUME FULL ECTION WITH THIS EVENT. PATION IN THIS EVENT WILL BELONG R PUBLICITY, NOW OR IN THE FUTUR d and that I have read, understand and
ion including the Liability Waiver.
Date:
Date:
USTGS to:
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UNITED STATES TAEKWONDO GRANDMASTER SOCIETY

Online Payment

- 1.Go to www.usgrandmasters.com and click Membership page
- 2. Click RENEW button
- 3. Fill in your personal and payment information. Membership Type field is required.
 - E.g.) Non-Participant's Annual, Convention Participant
- 4. Click "Pay" to process your payment.

*Sample

