



PARTICIPANT REGISTRATION & INDEMNITY FORM

| | |
|----------------|--|
| Name | |
| Rank | |
| Country | |
| Address | |
| Contact number | |
| Email | |

- I hereby submit my application to participate in the International Instructor and Technical Seminar to be held at the Taekwon-Do Federation of Africa Centre on 12th – 13th September 2015.
- I agree to waive all claims against any persons connected with the TFA, the Organising Committee, ITF and fellow Taekwon-Do practitioners for any injuries, loss or damage caused.
- I understand that pictures of me participating in the said Seminar may be used for publicity without compensation.

Signature of Participant:

Date:

