



KOREAN KICKBALL REGISTRATION & RELEASE FORM

November 2, 2013

Participant's Name: _____ Male ☐ Female ☐

Birth Date: _____ Phone Number: _____

Street Address: _____

City/State/Zip: _____

Email address: _____

Emergency Contact:

Name: _____ Phone: _____

Release Policy --- Please Read Carefully

I hereby give approval for the participation of myself in any and all Korean Kickball/Suwanee Sports Academy activities and assume all risks and hazards and incidents to such participation, including transportation to and from all activities. I waive, release, absolve, indemnify and agree to hold harmless the Korean Kickball/SSA, affiliated associations, organizers, officers, coaches, parents, participants and officials from any claim arising out of injury to myself. I hereby give permission for Korean Kickball/SSA to obtain medical services for myself in case of medical emergency or injury. I declare that I am physically fit and have the skill level required to participate in this particular event. I also understand that I may be required to leave the facility should I exhibit undesirable conduct. I further grant released parties the right to photograph and/or video tape me and further to use my face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

Signature: _____ Date: _____

Please return completed and signed form to tournament registration table
at Suwanee Sports Academy on November 2.

Contact CJ Mun at cjmun79@hanmail.net with any questions.