J.R. West's Hapkido Seminar

1367 Riverwood Dr.
Jackson, MS 39211
(769) 218-6161
mangum@hapkido.com

FRI, SAT & SUN – September 18th, 19th & 20th

FRI. 6:00 P.M. - 9:00 P.M.

SAT. 9:00 A.M. - 6:15 P.M.

SUN. 10:00 A.M. – 12:00 P.M.

FEE: $100 at the door; $80 if Pre-registered

****Save $20 by Pre-registering!***

"Make all checks payable to West's Hapkido Academy"

[[***OPEN TO ALL BELTS - AGE 15 AND ABOVE*** [[

REGISTRATION FORM

NAME _____ **PHONE (_____)**_____

DATE OF BIRTH_____ **Email Address**_____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP**_____

RANK _____ **STYLE** _____ **INSTRUCTOR** _____

SCHOOL NAME _____

ORGANIZATIONAL AFFILIATION _____

RELEASE: For and in consideration of the use and membership of West's Hapkido Academy, Inc. facilities and other good and valuable considerations allowed by West's Hapkido Academy, Inc., I do hereby for myself, my heirs, executors, administrators, personal representative and/or assigns fully and forever remise, West's Hapkido Academy, Inc. and all other persons, firms, or corporations from any and all claim or claims, demands, injuries, damages, actions, causes of action, suit or suits or anything whatsoever resulting or to result to me by reason of any accident or injury that may occur during my voluntary use of said facilities.

I do covenant with each and all parties released that I will hold them forever harmless and indemnify them and each of them from any and all claim or claims hereafter presented by any persons, firm, or corporation. I hereby authorize any and all photographs taken at this event to be used in any manner by the USKMAF or West's HapKiDo Academy Inc.

I understand that no refunds will be made after Sep 18th, 2026.
***I also understand that certificates will be given ONLY to those who pre-register!**

NAME_____ **DATE**_____

PARENT/GUARDIAN SIGNATURE_____

(IF UNDER 18 YEARS OF AGE)