



**USHRK**  
US HWA RANG KWAN  
**KUMDO**

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# U.S. HWA RANG KWAN 2012 WINTER SKI TRIP

## FEBRUARY 3,4,5 (FRIDAY - SUNDAY)

US HRK would like to invite you to our annual ski trip at Wisp Resort in Maryland. This event has been valuable in giving our young members a weekend of fun, friendship and building team work. Our instructors and students all build stronger relationships through this event, and we urge you to join us. We have limited space, so please apply as soon as possible. NOTE: This event is open to members older than 11 years of age due to safety reasons.

### TRIP INFORMATION

**\$220/PERSON**

#### INCLUDED:

- Accommodation, All day lift ticket for Saturday, Meals and Transportation

#### EXCLUDED:

- Equipment Rental (Rental = \$38/day)

#### BRING:

- Sleeping bag or blanket
- Toiletries
- Ski/Snowboard Equipment
- Extra clothing and towels

#### SCHEDULE:

- |     |       |                                  |
|-----|-------|----------------------------------|
| 2/3 | 15:00 | - Leave from Dojang              |
|     | 19:00 | - Arrive at WISP, unpack, dinner |
|     | 21:00 | - Gathering                      |
|     | 23:00 | - Bed time                       |
| 2/4 | 07:00 | - Breakfast                      |
|     | 08:30 | - Leave for the slopes           |
|     | 12:00 | - Lunch                          |
|     | 18:00 | - Back at the house              |
|     | 19:00 | - Dinner                         |
|     | 21:00 | - Gathering                      |
|     | 23:00 | - Free time                      |
| 2/5 | 08:00 | - Breakfast                      |
|     | 11:00 | - Leave Wisp                     |
|     | 15:00 | - Arrive Dojang                  |

### Waiver of Liability

I, intending to be legally bound, do hereby, for myself, heirs, executors, and administrators, waivers, release, and forever discharge any claims for damages which I may incur, or which may hereafter accrue to me against the U.S. Hwa Rang Kwan Kumdo Institute, the management of the facility, and any of participating Kumdo Do-Jang/School/Club officers, instructors, members or employees in connection with the Kumdo practices and related activities.

Where the participant is a minor, I (the parent or guardian), do understand and agree to the above waiver and give permission to the officials to seek medical attention for my son or daughter in the event of sickness or injury.

\_\_\_\_\_  
Printed name of the participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/guardian  
(if participant is under 18)

\_\_\_\_\_  
Date

Emergency Contact Information:

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_