

# Traditional Karate North Central Region

Regional Representatives of the AAKF



# NCR Spring Seminar

## Registration Form & Waiver

### RELEASE OF LIABILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the NCR Spring Seminar on April 11-13, 2014, hosted by Traditional Karate North Central Region and Midwest Karate Association. I assume full responsibility for any and all damages, injuries and/or losses that I may sustain or incur while attending, participating, or while traveling to and from the above event.

I hereby waive all claims against Midwest Karate Association, Traditional Karate North Central Region, the management, promoters, instructors, students and volunteers, individually or otherwise, for any injuries, damages, losses or death that I may sustain.

If I am injured while participating in the above-mentioned event, I give permission to the above-mentioned party to provide medical and/or athletic training attentions, emergency medical services and transportation to any facility as warranted. Immediate medical attention will be of First Aid treatment only and I fully waive all claims for injuries or damages, which may result from such treatment and rehabilitation that may result from injuries sustained from my participation in this event.

I further consent that my pictures furnished by me or any pictures or video taken of me in connection with the above event can be used for publicity, promotion, television, and commercial use, and I waive compensation in regard thereto.

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

Name \_\_\_\_\_ Rank \_\_\_\_\_

Address \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email address \_\_\_\_\_

Dojo Name \_\_\_\_\_ State \_\_\_\_\_

I will be attending  Full seminar  Lower Belt sessions  Single class Amount Enclosed \_\_\_\_\_

AAKF Member? Yes \_\_\_ No \_\_\_ AAKF Number: \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**If the participant is younger than 18 years of age, a parent or guardian must sign below:**

\_\_\_\_\_, 2014 \_\_\_\_\_  
Print first and last name of Parent/Guardian Date Signature of Parent/Guardian