



2018 KENPO CAMP

April 7th

Kid's Registration

Saturday Only: \$49

Saturday: 8:45am - 1:45pm

Family Discounts Available!

Additional \$10 fee for registrations received after October 4th

Participant T-Shirts Available! Please circle size:

\$22 Each

YS YM YL AS AM AL AXL A2XL

Student Name: _____ Age: _____

Belt Rank: _____ Martial Arts School: _____

Email Address: _____

Parent's Name (if under 18): _____ Phone Number: _____

Emergency Contact (Name and Phone Number): _____

LIABILITY RELEASE

Please read and understand that all participants attend this seminar and participate in the activities completely at their own risk. The promoters of this seminar in no way take responsibility for the safety of the participants while traveling to, while in attendance, nor in the returning from the seminar. By signing this registration form the participant (and in the case of minors) the parent(s) and/or legal guardians do assume all responsibility for any injury, or damages that may occur due to one's participation in the seminar. Furthermore, in registering, you give permission for any photographs, or motion pictures taken during this event to be used for promotional purposes without compensation.

I understand that while I participate in the seminar, I do so at my own risk. I do hereby for myself, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the sponsor of the seminar, UMAAI, I.B.B.A., any of the instructors, their officers, agents, representatives, successors and or assigns, for any and all liability, claims, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by negligence. I further waive, release, and forever discharge all claims for damages which may be sustained and suffered by me in connection with my association with or entry in the seminar or which may arise out of my traveling to, participating in, and returning to such seminar. I further agree to waive claims against any persons connected with any injuries I may sustain and likewise assume full responsibilities in connection with said seminar. **Furthermore, I give consent to receive any necessary medical attention should the need arise and will take responsibility for all payment of medical care and emergency transport charges.**

Participant Signature _____ **Date** _____

Parent/Guardian (if under 18) _____ **Date** _____

For Office Use Only Registration Pd: \$ _____ + T-shirt: \$ _____ = (Total Pd) \$ _____

Method of Payment: _____ Date Paid: _____