

REGISTRATION FORM & WAIVER OF LIABILITY

Release from Liability

I, the undersigned, do hereby voluntarily submit my registration for attendance and participation in the International San Ten Karate Association Master's Seminar on Oct. 20th and/or Oct. 21st, 2018. I do hereby assume full liability for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating. I do hereby waive all claims against the promoters, operators, sponsors, officials and members of the International San Ten Karate Association, Dojo USA, or Avi Rokah for any injuries that I may sustain. I fully understand that any medical treatment given me will be of first-aid type only.

Media Release: I consent to the use of images, videos, and recordings of me (or my child) to be used in print, video, digital, or Internet media.

| SEMINAR REGISTRATION | | Date: | | |
|--|----------------|---------------------------------|-------------------|-----------------|
| Registration Type | Quantity | Price | Qty x Price | Total |
| GENERAL SESSION - ONE DAY | | \$70 | | |
| ADVANCED SESSION - ONE DAY | | \$40 | | |
| ALL FOUR SESSIONS | | \$125 | | |
| GENERAL SESSION + ADVANCED SESSION (ONE DAY) | | \$90 | | |
| BOTH GENERAL SESSIONS | | \$100 | | |
| BOTH ADVANCED SESSIONS | | \$70 | | |
| | | | TOTAL | |
| If under 18, this release form must be signed by a parent or g | uardian. | | | |
| Participant Name (Please Print Clearly © - for participant certificates) | | Other Participant (same family) | | |
| Participant Name (Please Print Cleany () - for participant certif | ncates) | Other Participal | nt (same ramily) | |
| P | | | | |
| Signature of Participant | | Other Participant (same family) | | |
| | | | | |
| Signature of Parent or Guardian, if participant is under 18 | | Other Participant (same family) | | |
| | | | | |
| Participant Contact Information: | | | | |
| Your Teacher or School: | | | | |
| Email: | | Phone: 🗹 | 9 | |
| Yes, I would like to receive email updates about upcomin | g ISKA Events. | | | |
| | | | | |
| Payment Method: | | Ple | ase make checks p | ayable to "ISKA |
| Cash Check check #: | Online | Credit | t Card in person | |