



# 2019 ISKA MASTER'S SEMINAR WITH SENSEI AVI ROKAH

Oct. 19th & 20th, 2019, Dojo USA

## 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. 19th and/or Oct. 20th, 2019. 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
<input type="checkbox"/>	SATURDAY YOUTH SESSION (10-11:30AM)		\$35		
<input type="checkbox"/>	GENERAL SESSION (ONE DAY ONLY)		\$90		
<input type="checkbox"/>	GENERAL SESSION (BOTH DAYS)		\$110		
<input type="checkbox"/>	OTHER:				
<b>TOTAL</b>					

*If under 18, this release form must be signed by a parent or guardian.*



Participant Name **(Please Print Clearly ☺ - for participant certificates)**

Other Participant (same family)



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: \_\_\_\_\_

Yes, I would like to receive email updates about upcoming ISKA Events.

#### Payment Method:

***Please make checks payable to "ISKA"***

Cash     Check    check #: \_\_\_\_\_     Online     Credit Card in person