

ICHF 10th Anniversary
Gala Banquet, Martial Arts Expo & Clinics
Lexington, Kentucky, Saturday November 9, 2002
REGISTRATION FORM

(PLEASE PRINT OR TYPE)

Name: _____ e-mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Martial Arts Style: _____ Rank and Title: _____

Number in party: _____ Amount enclosed: \$ _____ Check MO

VISA MASTERCARD AMEX DISCOVER

Credit Card # _____ Exp: _____

- **FEES: Charter holder \$150 - All other guests \$75**
- **Use separate registration form for each participant & return with RSVP.**
- **Make checks and Money Orders payable to: MARTIAL ARTS OF KENTUCKY, INC.**
- **Registration deadline: AUGUST 31st, 2002**
- **Mail to: Master William J. Schneider, PO Box 696 --- East Bernstadt, KY 40729**

I hereby voluntarily submit my registration for attendance and participation in said event and hereby assume all responsibilities for any and all damages, injuries or losses I may sustain or incur while attending, participating and traveling to and from said activity. I hereby release and waive all claims against the sponsors, promoters, organizers, operators, hosts, instructors, associations, schools, owners, officers, directors, employees and other participants connected with said event individually or otherwise. I fully understand that in case of injury the only medical treatment provided will be first aid. I understand that I must strictly obey instructors and observe safety rules. I further agree that any pictures and videotaping taken of me in connection with said event can be used for publication, promotion, articles, shows and advertisements without additional consent and without compensation at this or any other time. I understand that registration fees are non-refundable.

Signed: _____ Date: _____

(If under 18 years old, Parent or Guardian signature is required)