

Shin's Martial Arts Seminar

Please make check or money order payable to, and return to:

Shin's Martial Arts
3000 Bellmead Drive
Waco, Texas 76705

ALL PARTICIPANTS MUST SIGN THE WAIVER BELOW

REGISTRATION INFORMATION			
NAME:	AGE:	PHONE: ()	
ADDRESS:	CITY:	STATE:	ZIP:
MARTIAL ART STYLE OR STYLES (if applicable):			
YOUR RANK:			
ORGANIZATION REPRESENTED:			

WAIVER and RELEASE

I hereby submit my application for attendance at and participation in Shin's Martial Arts Seminar. I understand that Martial Arts training is an inherently stressful and dangerous activity, and that injuries can and do occur. I hereby, either on my own behalf or on behalf of my minor child, assume the risk of such activities while participating in Shin's Martial Arts Seminar. I understand that it is my responsibility, either on my own behalf or on the behalf of my minor child, to obtain a physicians examination in order to be certain I am fit to participate in Martial Arts Training.

I, on my own behalf or on behalf of my minor child, hereby release from liability, waive any and all claims of whatever type or kind I may have, including but not limited to those for damages, injuries and/or losses, and hold harmless Lansdale's Self-Defense Systems as well as all sponsors, promoters, organizers, hosts, instructors, associations, schools, owners, officers, directors, employees, agents, and all other participants and observers.

I agree that I or my minor child may be photographed during instruction, and that I shall have no right, title, or interest in said photographs. I further agree that no video or audio recording of the training may be made by myself or my minor child.

I understand that registration fees are non-refundable.

I acknowledge that I have been advised to show this "waiver and release" to an attorney before signing, and that at least three (3) days have elapsed between my receipt of this "waiver and release" and my signature, which appears below.

Signed: _____
(if participant is under 18 years of age, signature must be that of a parent or guardian, and specifically signed in said capacity and so indicated.)

Print Name Clearly