

LEE GRAY Karate / Kobudo Seminar

Registration Form

(Please print clearly or type)

Name _____ Name of Dojo _____

Telephone _____ Name of Instructor _____

eMail address _____ Dojo eMail address _____

In Case of Emergency Notify:

Name _____

Telephone # _____

RELEASE AGREEMENT - READ CAREFULLY BEFORE SIGNING

I understand that karate is a very dangerous martial art involving forceful physical contact, that it is likely to incite aggressive behavior which is beyond the control of Colorado Shobukan ("CS"), Lee Gray ("LG"), and The Rock ("TR"), that severe injuries or death may result from my participation in the activities of this martial art, and I fully and knowingly accept these risks. I therefore release CS, TR, LG, their officers, agents, and employees, and any and all volunteers or paid instructors from any and all liability, now and in the future, arising from or in connection with the activities of and concerning CS, TR, and LG.

Further, I understand that any medical treatment given to me will be of a first aid treatment type only.

Further, I certify that I am physically and emotionally sound, have medical approval to proceed with rigorous exercise, including physical contact, and assume full responsibility for my own well-being. I hereby waive any and all rights I may have to bring any legal action against any participant, CS member, the CS, LG, TR representative, TR, or anyone else in connection with any injury I may suffer as a result of my participation in Lee Gray Karate / Kobudo Seminar ("LGKKS").

Further, I release the CS, TR, and LG from any and all liability, which would, could, or might arise from any act of omission on its part in connection with the CS, TR, and LGKKS.

If under 18 years of age, the approval of a parent or legal guardian is required. I have read and understood the above.

(Signature)

(Date)

(Signature of Parent/Guardian)

(Date)

I am registering for:

The Karate Seminar only _____ Fee \$45

The Kobudo Seminar only _____ Fee \$45

Both Seminars (Save \$10) _____ Fee \$80

Method of Payment: Cash _____ Check# _____

Visa _____ MC _____ Discover _____ Card# _____

Exp. _____ CVC _____

Cardholder Name _____

Please make all payments payable to: Amarillo Martial Arts Center

Send registration forms and payment to:

Amarillo Martial Arts Center

3101 S Western St, St #3

Amarillo, TX 79109