

Japan Ways Traditional Shotokan Karate-Do

And

Shotokan Karate-Do International-United States Federation

JAPAN WAYS
traditional shotokan karate



Present: Training June 16, 2014 with,

Kancho Nobuaki Kanazawa, 6th Dan

And

Sensei Fumitoshi Kanazawa, 5th Dan



Monday, June 16, 2014

Location:

Japan Ways Traditional Karate
7425 N. Palm Bluffs, Ste. 103
Fresno, CA. 93711
(559) 432-7817

5:30pm-6:45pm: General Training,
(Open to all ranks)

6:45pm-8:00pm: Advanced Training,
(Black belts only)

**Due to limited class size,
early registration advised*

www.japanways.com



June 16, 2014

REGISTRATION FORM

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

AGE _____ RANK _____ DOJO _____

- General Class \$35 Advanced Class \$35
 Two Classes \$60 (this option is only open to Black belts)

* Advanced Class is limited to Black belts

* General Class is open to all ranks

TOTAL PAID _____

CASH _____ CHECK NO. _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Read carefully before signing.

I intend to participate in one or more Karate seminars with Kancho Nobuaki Kanazawa and Sensei Fumitoshi Kanazawa sponsored by Japan Ways Traditional Karate, LLC and SKIF-USF. I hereby fully understand and acknowledge that there are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury, partial and/or total disability, paralysis and death. I hereby accept such risks and waive and release any and all claims and expenses (including, but not limited to attorney fees, claims for damages, medical expenses, litigation and other costs, etc.), either known or unknown, now existing or arising in the future, that I may have of whatever kind or nature against the organizer, director, member, instructor, owner or anyone else involved in any way with this series of Karate seminars and associated activities, including, but not limited to Japan Ways Traditional Karate, LLC, SKIF-USF and SKIF-Japan.

In the event of an accident or illness which requires emergency care, I hereby give permission to Japan Ways Traditional Karate staff to act as necessary to seek medical treatment by qualified personnel on my behalf. I further grant permission to the attending health care provider to administer such medical care as may be necessary for my health and safety.

I further agree that any pictures taken of me or by me in connection with this series of Karate seminars and associated events may be used for publicity or promotion or for personal use by the organizers of this event without compensation to me.

I fully understand this Release and Waiver of Liability and Indemnity Agreement and I am signing it voluntarily so that I may participate in one or more Karate seminars and associated events sponsored by Japan Ways Traditional Karate, LLC and SKIF-USF.

Emergency Contact:

Name: _____ Phone: _____

Please indicate any special needs, medications, or allergies that should be taken into consideration:

Signature:

Parent or Guardian Signature (if minor):

No videotaping allowed