



**2018' IOGKF Sanctioned "Training Seminar" Aug 17<sup>th</sup>, 18<sup>th</sup> & 19<sup>th</sup>**

**Guest Instructor:**

**Gene Villa Sensei, 7<sup>th</sup> Dan, IOGKF USA Chief Instructor**

Location: Uptown Karate, 205 E 16<sup>th</sup> St. Vancouver WA 98663

Training Fee for three days: \$50

Training Fee for one day: \$35

Lodging, Comfort Inn & Suites 401 E 13<sup>th</sup> St. Vancouver, WA 98660

(360) 696-0411(Walking distance to the Dojo)

Please pay training fees by sending a check made out to: **Uptown Karate, 205 E 16<sup>th</sup> St. Vancouver, WA 98663 (Registration forms & fees may be paid at the door)**

Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Belt Rank \_\_\_\_\_

Dojo \_\_\_\_\_

Email \_\_\_\_\_

Instructor \_\_\_\_\_

In consideration of my participation in this program, I hereby release IOGKF, its affiliates, and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release IOGKF, its affiliates, and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death. By signing below, I agree to the above-mentioned waiver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_