

2019 Spring Karate Seminar, March 8-9, Madison, WI

Hosted by the Madison Japanese Karate Club

- Seminar Title** *Traditional Karate Seminar*
- Topics** *How to train to achieve your goals in karate*
- Location** *Friday, March 8:* UW Lathrop Hall, 1050 University Ave., Madison, WI 53706
Saturday, March 9: West High School, 30 Ash Street, Madison, WI 53726
- Instructor** *Sensei Tabassi, 7th Dan, Vice Chairman of the AAKF Technical Committee*
- Sessions** *Friday, March 8:* 6 pm - 9 pm (Note: Adults 18 and older only)
Saturday, March 9: 9 am to noon, and 1 pm - to 3 pm (Note: All ages allowed)
- Examinations** AAKF rank tests will be conducted as part of the seminar. For details please contact Vassil Peytchev (vassil@mjkc.madcitykarate.com)
Note: Examination fees are in addition to any participation fees.
- Participation Fees** *Adults (18 and older):* \$75 for the whole seminar, \$40 per session
Youths (17 and younger): \$60 for the whole seminar, \$40 per session
- Method of Payment** Please [register and pay online](#), or mail checks or money orders, payable to the Madison Japanese Karate Club, together with the waiver/registration form to:
- Madison Japanese Karate Club**
c/o Vassil Peytchev
2914 Interlaken Pass
Madison, WI 53719
- Contact Information** Vassil Peytchev
608-301-5164
vassil@mjkc.madcitykarate.com

2019 Spring Karate Seminar, March 8-9, Madison, WI

WAIVER AND REGISTRATION FORM

Release of liability for all risks of bodily injury, death, or damages

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the Madison Spring Seminar on March 8 and 9, 2019, hosted by the Madison Japanese Karate Club. I assume full responsibility for any and all damages, injuries and/or losses that I may sustain or incur while attending, participating, or while traveling to and from the above event.

I hereby waive all claims against the UW-Madison Japanese Karate Club, UW-Madison, The Board of Regents of the University of Wisconsin System, its officers, agents and employees, the officers and members of the AAKF Great Lakes Region, Inc., the Madison Metropolitan School District, the management, promoters, instructors, students and volunteers, individually or otherwise, for any injuries, damages, losses or death that I may sustain.

If I am injured while participating in the above-mentioned event, I give permission to the above-mentioned party to provide medical and/or athletic training attentions, emergency medical services and transportation to any facility as warranted. Immediate medical attention will be of First Aid treatment only and I fully waive all claims for injuries or damages, which may result from such treatment and rehabilitation that may result from injuries sustained from my participation in this event.

I further consent that my pictures furnished by me or any pictures or video taken of me in connection with the above event can be used for publicity, promotion, television, and commercial use, and I waive compensation in regard thereto.

_____	_____	_____
NAME - print first and last name of participant	Date	Signature
_____	_____	_____
Participant email		Participant phone
_____	_____	_____
Emergency Contact Name		Contact phone

Gender: Male / Female Age: _____

Rank: _____ Dojo: _____ State: _____

Sessions attending:

Friday 6 - 9 Saturday 9 - 12 Saturday 1 - 3

Seminar Fee: _____ Payment Method: _____ Check Number: _____

If the participant is younger than 18 years of age, a parent or a guardian must sign below:

_____	_____	_____
Print first and last name of parent or guardian	Date	Signature