

OKAIGAN DOJO
welcomes SENSEI CLAY MORTON
KATA Seminars

Fri – Sat – Sun May 3-4-5

19664 Stevens Creek Blvd Cupertino CA 95014

Phone 408-257-4116 * coachmarycrawford@gmail.com

NAME: _____ PHONE # _____

KYU/RANK _____ DOJO _____

EMAIL ADDRESS:

I will be attending the following seminars

AMOUNT ENCLOSED \$ _____ Cash or Check Only

PLEASE MAKE CHECKS PAYABLE TO OKAIGAN DOJO

In consideration for the acceptance of my application for participation in or presence at the aforementioned activity; I hereby waive, release and discharge, The Sports, Fitness and Karate Inc, instructor's and landlord from and against any and all liability for any loss, personal injury, or property damage that may have arisen out of, or in any way connected with my participation or presence at the aforementioned event.

By acknowledging and signing this letter, the student recognizes the risk involved and agrees to the following terms and conditions required by in conjunction with participating in our KATA CLINICS/PRIVATE LESSONS.

During the training the student agrees to practice and train in the techniques being taught, and to only practice under the supervision of the instructor or instructor assistants.

The student, participant, or legal guardian thereof, hereby agrees to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained while participating at the facility cite 19664 Stevens Creek Blvd, Cupertino CA 95014.

Date

Signature of participant

Signature of Parent/Guardian (if under 18)

Office:

Paid by Check # _____ Cash _____ Amount _____ Received by _____

Sorry no refunds, exchanges or credits
CHECK OR CASH ONLY