

**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](mailto: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**