

Fifth (5th) MARTIAL ARTS SYMPOSIUM
Hosted By
International Korean Martial Arts Federation

REGISTRATION FORM

First Name: _____ **Last Name:** _____ **M.I.:** _____

Date of Birth: _____ **Current Rank:** _____ **Style:** _____

Address: _____

Telephone Number: _____ **E-Mail Address:** _____

Name of School of Martial Arts: _____

- Symposium Registration Fee Enclosed: \$75.00 (Deadline: October 22, 2009).**
- Late Registration (at the door): \$85.00**
- Cost of Banquet: \$49.00 (Buffet) per person (Include with registration fee)**
- Please make personal checks, cashiers checks, or money orders payable to "Ian A. Cyrus"**

I hereby submit this registration form to secure my participation in the Fourth (4th) Martial Arts Symposium hosted by the International Korean Martial Arts Federation at **Crowne Plaza Philadelphia Mainline, 4100 Presidential BLVD, Philadelphia, PA 19131**

Registrant's Signature: _____ **Date:** _____
(parent or guardian signature required if under 18 years of age)

LIABILITY WAIVER, RELEASE OF CLAIMS AND INDEMNIFICATION AGREEMENT

In consideration of your acceptance of my registration and entry, I do hereby for myself, my heirs, and administrators, waive, release and forever discharge any and all rights and claims for damages incurred to me against the International Korean Martial Arts Federation (IKMAF) (formerly, International Chosondo Federation), Hapkido Yu Shin Kwan, Crowne Plaza Philadelphia, Mainline, organizing committee members, presenters, participants, officers, agents, staff, successors and/or assigns, for any and all damages which may be sustained and suffered by me in connection with my association with the entry into the Fifth (5th) Martial Arts Symposium on October 30-31, 2009 said event or which may arise out of my traveling to, participating in, and returning from said event (martial arts seminar).

I fully understand that such martial art symposiums (seminars) involves bodily contact training. With full knowledge of the risk of any and all physical harm, injury, and damages including but not limited to those martial arts physical contact activities, including but not limited to: falling, rolling, striking, kicking, blocking, body pressure point applications, I hereby assume full responsibility and liability for any and all damages, injury, and/or losses, including loss of life, which I may suffer and sustain as a result of my participation.

I hereby agree that any photographs, films, video or any other type of communication media taken of me during my participation in the Fifth (5th) Martial Arts Symposium can be used for publicity without compensation to me, and all such media, etc. are to remain the sole property of the IKMAF (formally, International Chosondo Federation) and Ian A. Cyrus.

Registrant's Signature: _____ **Date:** _____
(parent or guardian signature required if under 18 years of age)

Mail To:
Ian A. Cyrus
International Korean Martial Arts Federation
7252 Valley Avenue, Phila., PA 19128, Ph: 215-483-5057

