

IKMAF Fall Gathering 2017
International Korean Martial Arts Federation

Yu Shin HapGi Mu Yae Curriculum

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: _____

- **Registration Fee Enclosed: \$125.00, Deadline: Saturday, October 14, 2017 (COB):** See Info Sheet
- **Please register by the deadline because an accurate head-count is necessary to prepare “Certifications” ahead of time.**
- **Please make personal checks, cashiers checks, or money orders payable to “Ian A. Cyrus”, Mail to P.O. Box 341, Glenside, PA 19038.**

I hereby submit this registration form to secure my participation in the IKMAF Fall Gathering 2017, hosted by the International Korean Martial Arts Federation at the **River of Life Dojo**, 321 Morris Road, Ft. Washington, PA 19095.

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), Summit Integrative Martial Arts Program, The River of Life Dojo, 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 IKMAF Fall Gathering 2017 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) involve 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 IKMAF Fall Gathering 2017 can be used for publicity without compensation to me, and all such media, etc. are to remain the sole property of the IKMAF 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, P.O. Box 341, Glenside, PA 19038,