



日本空手協会

JKA WF CHICAGO KARATE INSTITUTE, INC.

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2024 ANNUAL FALL CAMP - SEPTEMBER 14, 2024 - Thyagarajan Sensei SEMINAR.

Release of Liability and Responsibility

I do hereby release JKA WF CHICAGO KARATE INSTITUTE, INC. (JKA WF CKI), its employees, agents and/or community volunteers from any and all liability for any condition, mental or physical, or any condition resulting from an accident or event occurring at a course/class presented at the JKA WF CKI Dojo, by JKA WF CKI, its owner, employee, agents or volunteers. I understand that an effort will be made by the instructor and by class participants to observe safety procedures relevant to this course/class during the time this class is in progress. I understand that I should be in good general physical condition to participate in this class.

Date: _____

Student Name (print): _____

Date of Birth: _____

Age: _____

Participant Signature: _____

Parent or Guardian Signature: _____

(If participant is under 18 years old)

Parent Name: _____

Cellphone Number: _____

Address: _____

Referred by: _____

E-mail: _____

(Circle your selection.)

Amount Paid:

Beginner-Intermediate: \$100

Advanced: \$150

PLEASE FILL OUT, SIGN, AND EMAIL THIS FORM BACK TO US BY SEP 07, 2024.