



DOUBLE IMPACT SEMINAR

Registration and Waiver



Contact and Personal Information. Please Type or Print Legibly.	
Name:	Date:
Address:	Age: (Must be <u>12</u> or older):
	Phone: ()
Email:	Website:
Experience Level: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert	
General Experience: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Military <input type="checkbox"/> Security <input type="checkbox"/> Martial Arts <input type="checkbox"/> Other	
Please describe:	
Have you ever been convicted of a violent crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please explain:	

Agreement and Waiver	
<p>I (enter name) _____, hereby make application for participation in the Double Impact Martial Arts/Self-Defense seminar, and upon acceptance, I sincerely pledge to obey all rules and regulations as set forth within the course and by the instructors. I clearly recognize that a risk is involved in the study and practice of this self-defense tool, and related activities, which has been completely explained to and/or understood by me and/or my parents and/or guardians.</p> <p>In consideration of accepting my application for entry into this course, I do hereby for myself, my heirs, executors, administrators, parents and guardians assign, release, acquit and forever discharge <i>Adirondack Martial Arts Center, Double Impact Seminars</i>, its instructors, members, volunteers, participants, agents, assistants, representatives, officers, and directors of this event, of and from any and all liability, actions, claims, demands, or suits whatsoever, which I may now or hereafter have or claim to have, on account of any injury sustained and suffered by me while traveling to or from or while practicing the techniques any related activities in connection with this course, and (if applicable) the parents and/or guardians of the applicant hereby request that this application be accepted, and in consideration thereof, agree to indemnify and release all members of <i>Adirondack Martial Arts Center, Double Impact Seminars</i>, its instructors, members, volunteers, participants, agents, assistants, representatives, officers, and directors from all claims made or which may be made on behalf of the applicant, for the aforesaid consideration</p> <p>I consent that any pictures furnished by me or any pictures and/or video taken of me in connection with the organization can be used for publicity and promotion and I waive compensation in regards thereto. I clearly understand that this activity involves bodily contact, physical exertion, and exercise. I hereby accept that my participation in this event is contingent upon my good conduct and that should the proprietors of this activity determine my actions, behavior and/or attitude inappropriate in any way that my right to participate in this activity will be revoked and I shall sacrifice all fees paid. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate in this activity.</p> <p>I also affirm that I am not affiliated with any defined terrorist or extremist hate groups as recognized by the laws of the United States of America or any organization with secondary affiliation with such organizations, nor am I the subject of any criminal investigation, charges, or related activity of any type.</p> <p><input type="checkbox"/> PLEASE CHECK HERE IF THIS APPLICATION IS BEING SUBMITTED ONLINE</p>	
<p>_____ Signature</p>	<p>_____ Signature of Parent/Guardian if Under 18</p>

<p>DOUBLE IMPACT SEMINAR – 11/17/07</p> <p><i>Pre-Registration (prior to 11/10/07) \$40.00 p/p</i></p> <p><i>Registration (after 11/10/07 or at the door) \$50.00 p/p</i></p> <p>Sign and submit this form and make checks payable to:</p> <p style="text-align: center;">Adirondack Martial Arts Center 1683 Rt 9 Clifton Park, NY 12065</p> <p>For questions, additional information, or training, email my@adirondacktkd.com or call 518-373-0442</p>
