

**SHOTOKAN KARATE-DO INTERNATIONAL FEDERATION - MONTREAL
SEMINAR MANABU MURAKAMI SENSEI**

**January 28th and 29th, 2012
REGISTRATION FORM**

Name: _____

Address: _____

City, Prov/State, Postal Code/Zip Code: _____

Phone: _____ Email: _____

Date of birth (y-m-d): _____ Age: _____

Home dojo: _____ Rank: _____

Kyu/Dan test: Yes Rank testing for: _____

(All testing and certification fees have to be paid cash in American currency)

Seminar fee

Adult (14 years old and more)

Weekend (150.00 \$)

Saturday only (85.00 \$)

Sunday only (85.00 \$)

Young (9 to 13 years old)

Weekend (65.00 \$)

Saturday only (40.00 \$)

Sunday only (40.00 \$)

**NO CHECKS WILL BE ACCEPTED AT THE DOOR
NO SPECTATORS
NO CAMERA (PHOTO OR VIDEO)**

Return registration form with check or money order before January 20, 2012 to:

SKIF MONTREAL
791, rue Willibrord
Verdun, Québec, Canada, H4G 2T8

Waiver and Release of Liability

I, (print name) _____, intend to participate in the above open Karate-do Training Seminar sponsored by Karate Communautaire Shotokan Verdun (KCSV). I hereby acknowledge that there are possible risks of bodily injury involved in participating in the special training and related activities. I hereby accept such risks and waive and release any and all claims and expenses against organizer or instructors with this open course including SKIF MONTREAL, KCSV and the City of Montreal.

I further agree that any pictures or video taken of me in connection with this open Karate-do course may be used for publicity or promotion or for personal use by the organizers of this event without compensation to me.

I fully understand this Participation Waiver & Release and I am signing it voluntarily.

Signature _____ Date _____

Guardian _____ Date _____

(if participant is under 18 years old)