

CHAMBERLAIN Studios of Self Defense



Dallas, TX
July 19, 20 & 21, 2019



KEEPERS OF THE FLAME

Participant Name: _____ Age: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone #: _____

Event Pricing

Pricing if Registered by June 30th, 2019

- _____ \$145 All 3 Days of Seminars
- _____ \$25 BBQ Dinner (6pm - 10pm Sat. 20th)
- _____ \$15 Event T-Shirt (S, M, L, XL, 2XL, 3XL) circle one
or (\$20 if purchased separately)
- _____ \$10 Lunch provided at dojo on Sat. 20th

Total: **\$195** for all 4 Items

Pricing if Registered AFTER June 30th, 2019

- _____ \$175 All 3 Days of Seminars
- _____ \$35 BBQ Dinner (6pm - 10pm Sat. 20th)
- _____ \$20 Event T-Shirt (S, M, L, XL, 2XL, 3XL) circle one
- _____ \$10 Lunch provided at dojo on Sat. 20th

Total: **\$240** for all 4 Items

You may also purchase items individually!

Billing Authorization

Authorized Charge Amount: \$ _____ I (We) hereby authorize CSSD to charge our Credit Card account for the amount indicated.

Cardholder/Account Holders Name (print): _____ Signature: _____

Credit Card Type: (Circle One) Visa / MC / Disc _____ Expiration: _____

Billing Zip Code: _____ CVC #: _____

Form may be **Faxed** to: 214-366-3916; Scanned & **Emailed** to: Info@DallasKenpo.com; **Mailed** to: CSSD 2114 Kidwell St. Dallas, TX 75214. OR Payments by Visa, MC or Disc may be made by **Phone** to: 214-351-5367. **Checks** should be made payable to: "CSSD"

Waiver & Release of Liability & Agreement to Participate

In consideration of being permitted to participate in any way, including travel to and from, in practice, seminars, workshops and related events and activities of Chamberlain Studios of Self Defense™, I hereby:

1. Acknowledge that I am familiar with the sport of Martial Arts (Kenpo Karate, Judo, Jiu-Jitsu, MMA, etc.) and understand the inherent risks associated with the sport, and agree that, prior to participating, I will inspect the mats, equipment, and facilities, and if I believe anything is unsafe or beyond my capability, I will immediately advise my instructor, and/or a seminar official of such conditions and refuse to participate. Acknowledge that I am fully aware of my medical condition and certify that I am fit to participate in this series of seminars and workshops.
2. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, due not only to my own actions, inactions, or negligence, but also to the actions, inactions, or negligence of others, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time. Knowing the risks involved in the sport of Martial Arts, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue Chamberlain Studios of Self Defense™, The City of Dallas and/or instructors, officials, or volunteers together with their affiliated clubs, medical personnel, other participants, their parents, guardians, supervisors and coaches and if applicable, owners, lesser, and lessees of premises used in conducting training or events, all of whom are hereinafter referred to as "releaser", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releaser or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Name of Participant / Parent / Guardian (print)

Signature of Participant / Parent / Guardian

Date

For more event information & updates visit: www.DallasKenpo.com