



日本空手協会

# JKA WF CHICAGO KARATE INSTITUTE, INC.

60, S Broadway, Aurora, IL - 60505

Ph: 1-800-413-DOJO

Email: [chicago.karate@yahoo.com](mailto:chicago.karate@yahoo.com)

[www.chicagokarate.info](http://www.chicagokarate.info)

**2024 ANNUAL SUMMER CAMP - JULY 27 & 28, 2024 - CHRIS WOOD KUMITE 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.)

Attending Seminars on:     July 27             July 28

Amount Paid:                     \$100             \$200

**PLEASE FILL OUT, SIGN, AND EMAIL THIS FORM BACK TO US BY JULY 01, 2024.**