



# UMAAI 2020 OHANA GATHERING

Camp Registration | October 10, 2020

UMAAI Member \$89

Non-Member \$99

Additional Family Member

Per Person: \$45

Saturday 9:00am - 5:00pm

Additional \$10 fee for registrations received after October 8th

Make Checks payable to: UMAAI

or Call: Mountain States IBBA @ 970-330-5425 or Kaizen IBBA @ 970-204-9977

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Belt Rank \_\_\_\_\_ Martial Arts School \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's Name (if under 18) \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact (Name and Phone Number) \_\_\_\_\_

## LIABILITY RELEASE

Please read and understand that all participants attend this seminar and participate in the activities completely at their own risk. The promoters of this seminar in no way take responsibility for the safety of the participants while traveling to, while in attendance, nor in the returning from the seminar. By signing this registration form the participant (and in the case of minors) the parent(s) and/or legal guardians do assume all responsibility for any injury, or damages that may occur due to one's participation in the seminar. Furthermore, in registering, you give permission for any photographs, or motion pictures taken during this event to be used for promotional purposes without compensation.

I understand that while I participate in the seminar, I do so at my own risk. I do hereby for myself, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the sponsor of the seminar, UMAAI, I.B.B.A., any of the instructors, their officers, agents, representatives, successors and or assigns, for any and all liability, claims, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by negligence. I further waive, release, and forever discharge all claims for damages which may be sustained and suffered by me in connection with my association with or entry in the seminar or which may arise out of my traveling to, participating in, and returning to such seminar. I further agree to waive claims against any persons connected with any injuries I may sustain and likewise assume full responsibilities in connection with said seminar. **Furthermore, I give consent to receive any necessary medical attention should the need arise and will take responsibility for all payment of medical care and emergency transport charges.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only      Registration Pd: \$ \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Date Paid \_\_\_\_\_

Virtual \_\_\_\_\_ Live Kaizen \_\_\_\_\_ Live Mountain States \_\_\_\_\_