Referee / Instructor Seminar

Seminar Registration Form

Registration Fee: $100

Date of seminar:

Student Name: _____ D.O.B: _____

School Name: _____Master Name:_____

Phone #: _____ Emergency Contract #: _____

Do you have a Experience:_____ If yes How many times:_____

Do you have a Referee Certification:_____

If yes, What Level are you:_____ when was the last seminar yon attended:_____

What Rank of Black Blet Are you:_____ What type of Martial Arts:_____

Waiver and Release:

I, the undersigned, hereby make application for Referee Seminar at Chicago Martial Arts Association. I further agree that I shall hold Chicago Martial Arts Association; Master's; and Instructors, and/or agents of the above harmless from any liabilities arising from instructions and/or participation in any activity on the premises owned or leased by any of the above.
You, as employee agree that if you engage in any physical activity or use any facility on Chicago Martial Arts Association, you do so at your risk
You agree to indemnify, save and hold harmless Chicago Martial Arts Association From all claims, losses, damages, and cause of action to which we may be subjected arising from or relating to participation by Chicago Martial Arts Association Members, parents, child(minor or otherwise) in any of the activities as described in this Wavier. You further agree to accept full responsibility for the cost of treatment for any injury to Chicago Martial Arts Association Members, Parents, Guardians, Child (minor or otherwise) or Spouse.
I also understand that there are no refunds under any conditions. I give permission to be added to the email list and mailing list.

Student Signature: _____ **Date:** _____

Master Signature: _____ **Date:** _____