

# 2022 KAIHEWALU LUA SEMINAR

## REGISTRATION FORM / WAIVER AGREEMENT

(Please complete and print legibly)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SCHOOL/INSTRUCTOR \_\_\_\_\_

### SEMINAR FEE / PAYMENT OPTIONS

**PREPAID BY JUNE 30, 2022    \$50.00    (Payment / check, Pay Pal)**

Make checks payable to Hawaiian Martial Arts LLC, 11917 N Osprey Ln, Spokane WA 99218

**AT THE DOOR    \$60.00    (Payment / cash only)**

Registration begins at 7:30am / Seminar begins at 9:00am

### LIABILITY RELEASE AGREEMENT

I, the undersigned, do hereby voluntarily submit my application, and do hereby assume full responsibility for any and all injuries, damages or losses that I may sustain or incur, if any, while attending or participating in this martial arts event. I understand that martial arts training and self-defense tactics are strenuous exercise and require physical contact. I hereby agree to waive any and all claims against Hawaiian Martial Arts LLC, Spokane Public Schools, the instructors, representatives, promoters, hosts, sponsors, agents or guests for any damages, injuries, losses and/or death arising from or received during participation in this event. I fully understand that any medical treatment given to me will be of a first aid treatment only, and I hereby authorize such treatment.

By signing this waiver, you also agree to allow photographs taken to be used for promotional purposes.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Required if applicant is under 18 years of age)

MICHAEL WHITTLE (509)315-6172