

2025 Hawaiian Martial Arts Symposium
REGISTRATION FORM / WAIVER AGREEMENT

(Please complete and print legibly)

NAME _____ DATE _____

TELEPHONE _____ EMAIL _____

DATE OF BIRTH _____ SCHOOL/INSTRUCTOR _____

SEMINAR FEE / PAYMENT OPTIONS

(Payment / cash, Venmo)

AT THE DOOR SEMINAR ONLY \$50.00 (Payment / cash only)

Seminar and Diner \$ 100.00 Extra dinners \$50.00

Registration begins at 8:00 am / Seminar begins at 9:00 am

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, 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)