



国際少林寺流拳友会唐手道 渡辺派
SHORINJIRYU KENYUKAI WATANABE HA WORLD FEDERATION
U.S.A. AUSTRALIA JAPAN CANADA
10429 REISTERSTOWN RD, OWINGS MILLS, MD 21117 (410) 363-0569
JAPANKARATECENTER.COM



Yudansha Clinic & Test Registration
Hombu Dojo, Japan Karate Center

The annual **Yudansha Clinic** will be held on **Saturday September 9th & Sunday September 10th** at the Hombu Dojo, beginning at **10:30am** both days.

PLEASE PRINT LEGIBLY

Name _____

Age _____ Sex _____ Height _____ Weight _____ Dan/Kyu _____

Address:

Street _____

City _____ Zip _____ Prov./State _____

Phone _____ Email _____

Style _____ Instructor's Name _____

Clinic Fees:

YUDANSHA	-	IK-KYU
\$80.00	-	\$70.00

NON-REFUNDABLE CHECK or MONEY ORDER ONLY

PLEASE READ CAREFULLY:

I, THE UNDERSIGNED HEREBY WAIVE ANY AND ALL CLAIMS, CAUSE OF ACTIONS LOSSES, DAMAGES COST EXPENSES AGAINST ANY AND ALL PERSONS CONNECTED WITH THE SHORINJIRYU KENYUKAI WATANABE-HA YUDANSHA CLINIC, THE SPONSORING KARATE FEDERATION, JAPAN KARATE CENTER, ANYONE INVOLVED IN ANYWAY WITH THE CLINIC NT FOR ANY INJURIES THAT I MAY SUSTAIN DURING AND IN SAID CLINIC. I HEREBY ACKNOWLEDGE THE THERE ARE POSSIBLE RISKS OF BODILY INJURY INVOLVED IN THE CLINIC. THE FOLLOWING SAFETY EQUIPMENT IS MANDATORY AND MUST BE WORN: **PADDED CHEST PROTECTOR** (SUPPLIED), **MOUTH GUARD** (NOT SUPPLIED), AND **GROIN PROTECTOR** (NOT SUPPLIED). NO CONTACT TO THE HEAD, FACE, NECK JOINT, OR GROIN IS PERMITTED.

I HAVE READ, UNDERSTOOD AND WILL COMPLY WITH ALL CLINIC RULES.

I AGREE THAT MY PERFORMANCE OR ATTENDANCE AT THE CLINIC OR BOTH MAY BE FULFILLED OR OTHER WISE RECORDED OR TELECAST LIVE AND I CONSENT TO THE USE BY THE NORTH AMERICAN SHORINJIRYU KENYUKAI FEDERATION, IT'S ASSIGNEES LICENSES OF MY NAME LIKENESS, VOICE, POSES, PICTURES, AND BIOGRAPHICAL DATA CONCERNING ME, FULLY OR IN PART, IN ANY FORM OR LANGUAGE WITH OR WITHOUT OTHER MATERIAL THROUGHOUT THE WORLD WITHOUT LIMITATION, FOR TELEVISION, RADIO AND/OR THEATRICAL MOTION PICTURES, OR ANY DEVICE KNOWN OR HEREAFTER DEvised, AND I WAIVE ANY COMPENSATION THEREFORE.

Date _____ Participant Signature _____

(if under 18)Guardian Signature _____

Make check payable to **Japan Karate Center**. \$25.00 fee if check is returned. No refunds.