



2017 Canadian Memorial Seminar in Honour of
Soke Takayoshi Nagamine
August 12, 1945 - April 26, 2012

PLEASE PRINT ALL INFORMATION BELOW

NAME : _____ AGE : _____

ADDRESS : _____

CITY/TOWN : _____

PROVINCE : _____ POSTAL CODE : _____

HOME PHONE : _____ CELL PHONE : _____

E-MAIL : _____ OTHER : _____

DOJO NAME : _____

While all efforts are made by the Organizers and Instructors to ensure the highest possible level of safety during seminars, there is always a risk and possibility of minor/major injury, due to the physical training involved. Knowing this, I fully accept all risks thereof. Furthermore, I agree to hold harmless any and all Organizers, Chief Instructors, Guest Instructors, Dojo Owners and fellow participants, and any and all Representatives of the World Matsubayashi-Ryu Karate-Do Association, from any civil and/or criminal liability whatsoever, as a result of my participation in said seminar. I fully understand the contents of the above statements, and with sound and sober mind, I agree to participate in such training, at my own risk, wherever this training may take place. I also agree to abide by all rules and regulations set forth by the Organizers, the Chief Instructors, Dojo Owners, Assistant Instructors, and all Representatives of the World Matsubayashi-Ryu Karate-Do Association. I hereby attest to this agreement by my signature below:

Participant's
Legal Signature: _____

If under the age of 18 years, the signature of a parent or guardian is required permitting this person to participate.

Parent / Guardian's
Legal Signature: _____