



United States Karate-Do Kai Karate Symposium 2025

<u>SEMINAR FEES</u>	<u>ADVANCE</u>	<u>AFTER JUNE 1ST</u>	<u>TOTAL</u>
One Day	\$100	\$125	_____
Two Days	\$125	\$150	_____
ALL THREE DAYS	\$150	\$175	_____
 Life Membership Reception Friday, June 27, 2025		(Guest) - \$ 5.00	_____
		Total Amount Due	_____

To participate, please complete and return the following:

Participant Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Dojo: _____ Teacher: _____

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, do hereby voluntarily submit my application for participation in the USKK Symposium on June 27, 28, 29, 2025 to be held at the Mt. Washington Rec. Center, 1715 Beacon St. Cincinnati, OH 45230. I do hereby assume full responsibility for any and all damages, losses, injuries, illness or death that I may sustain or incur, if any, while attending or participating in said seminar(s). I do hereby further agree to indemnify and hold harmless Mt. Washington Rec. Center, United States Karate-Do Kai, and all officers, shareholders, agents, employees and representatives of said organizations, promoters, operators, or directors of said seminar(s) individually or otherwise for any claims or injuries that I may sustain.

I represent to all of the afore mentioned that I am in good physical health, and that I have no disability, impairment, illness or ailment preventing me from participating in said seminar(s).

I fully understand that any and all medical aid or treatment administered to me as a result of any injury will be of a first aid nature only.

I have read and fully understand all the terms and conditions. I voluntarily agree to the entire liability waiver.

Signature: _____ Date: _____

Parent or Guardian if under 18

Make checks payable to United States Karate-Do Kai.

Please mail payments and registrations form to:

USKK

P.O. Box 9188

Springfield, IL 62791

For more information contact the USKK at contactuskkorg@gmail.com