

**OGRKK 2017 ADVANCED GASSHUKU REGISTRATION AND RELEASE**  
**(Each participant must fill out a separate registration form)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Rank \_\_\_\_\_

Instructor \_\_\_\_\_

Email Address \_\_\_\_\_ Style \_\_\_\_\_

**Hold Harmless Release and Indemnification**

By signing this release I am acknowledging that I have read it in its entirety and understand that this Gasshuku is a physical training seminar that involves intensive physical activity where injury or accidental death may occur. The training involves physical exertion and contact. Fully understanding the risk involved I hereby indemnify and hold harmless Steve and Diana Wilson, the Okinawan Goju Ryu Kenkyu Kai, Widefield Water and Sanitation District, all Guest Instructors, and all participants from any and all liability and responsibility. I also understand that no medical coverage is provided or implied and that each participant is responsible for any and all medical cost that may result from my participation. By signing this release I am also stating that I am of sound mind and capable of understanding the risk involved and as such, I accept the risk involved. All pictures and videos taken at this event are the sole property of the OGRKK and can be used without permission or payment to any person or persons who may be in said video or pictures. I understand that there are no refunds once I have submitted my registration application and fees. If you have an existing injury, it is your responsibility to not participate in anything that may cause further injury. Should you be injured as a result of participating, you are responsible for any and all treatment received and you fully understand karate is a physical activity with risks.

\_\_\_\_\_  
Participant's signature or Legal Guardian's signature if under 18

\_\_\_\_\_  
Date

Gasshuku Fee Enclosed \$100  
(Fee includes Saturday dinner) \$ \_\_\_\_\_

Saturday Extra Lunch Fees (Non-participants \$15.00 Ea.) \$ \_\_\_\_\_

Kobudo Grading Fee (\$100) \$ \_\_\_\_\_

**Total Enclosed** \$ \_\_\_\_\_

**Please remit payment by October 4, 2017 to:**

**Steve Wilson**

**9331 Summer Meadows Drive**

**Colorado Springs, CO 80925**