



## IMATC CLINIC REGISTRATION FORM

**Registration:** Friday, June 22, 2018 after 12:00 PM. Clinic fee \$150.00 included meals for Saturday and Sunday. Program starts at 9:00 AM Saturday morning after 8:00 AM continental breakfast. Program ends at 11:00 PM on Saturday. Spectators and Non-Martial artist please RSVP. Cost is \$10.00 per day per person. Please email registration form to: [imatcenter7@gmail.com](mailto:imatcenter7@gmail.com)

Checks or Money Orders Payable to: JOHN OLIVIER  
23864 Japatul Valley Road  
Alpine, CA 91901

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Optional): \_\_\_\_\_

Age \_\_\_\_\_ Belt Rank \_\_\_\_\_ Email: \_\_\_\_\_

School \_\_\_\_\_ Instructor Name \_\_\_\_\_

**Release of Liability:** I do hereby voluntarily submit my form for attendance and participation in the International Martial Arts Training Center (IMATC) at Whispering Sage Ranch for all classes and training distributed by a designated instructor. I hereby waive any and all claims of loss of property or injury which might result as a result of my participation in the Martial Arts classes. I assume the risk of all dangerous conditions connected with my participation in such classes. I specifically agree to hold harmless, and waive all claims against, the promoters, sponsors, instructors, participants, civilian, state, its employees, IMATC and its affiliates, the city, state, federal government, and all branches of the military. This includes any martial arts tournament, self-defense, demonstrations, sparring, and traveling to and from special events. I fully understand and agree that if I, during the course or after this event, use my martial arts to harm, physically disable, or maim anyone that I am solely responsible and cannot include any claim, lawsuit, demands, actions, cases of actions or nature against the officers, students, instructors, employees, International Martial Arts Training Center (IMATC) or Whispering Sage Ranch and its officials, or the premises and any one and will not be held responsible for any schedule or typographical errors therein.

Signature of  
Participant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Or parent if under 18 years of age)