

International Korean Martial Arts Federation

Oriental Medicine Academy

REGISTRATION FORM

First Name: _____ Last Name: _____ M.I.: _____

Date of Birth: _____ Current Rank: _____ Style: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

Name of School of Martial Arts: _____

Oriental Medicine Theory, July 25, 2009, 2:00 – 6:00 PM, Check one or both

Oriental Medicine Modalities, August 1, 2009, 2:00 – 6:00 PM

Cost of each block of instruction: \$40.00

Where: Cheng's Martial Arts School
2261-69 Garrett Road
Drexil Hill, PA 19026

Please make personal checks, cashiers checks, or money orders payable to "Ian A. Cyrus"

I hereby submit this registration form to secure my participation in Oriental Medicine Academy hosted by the International Korean Martial Arts Federation:

Registrant's Signature: _____ Date: _____
(parent or guardian signature required if under 18 years of age)

LIABILITY WAIVER, RELEASE OF CLAIMS AND INDEMNIFICATION AGREEMENT

In consideration of your acceptance of my registration and entry, I do hereby for myself, my heirs, and administrators, waive, release and forever discharge any and all rights and claims for damages incurred to me against the International Korean Martial Arts Federation (IKMAF) (formerly, International Chosondo Federation), Hapkido Yu Shin Kwan, organizing committee members, presenters, participants, officers, agents, staff, successors and/or assigns, for any and all damages which may be sustained and suffered by me in connection with my association with entry into the said event or which may arise out of my traveling to, participating in, and returning from said event (martial arts seminar).

I fully understand that such martial art symposiums (seminars, workshops etc.) involves bodily contact training. With full knowledge of the risk of any and all physical harm, injury, and damages including but not limited to those martial arts physical contact activities, Oriental Medicine modalities, including but not limited to: falling, rolling, striking, kicking, blocking, body pressure point applications, I hereby assume full responsibility and liability for any and all damages, injury, and/or losses, including loss of life, which I may suffer and sustain as a result of my participation.

I hereby agree that any photographs, films, video or any other type of communication media taken of me during my participation in said event can be used for publicity without compensation to me, and all such media, etc. are to remain the sole property of the IKMAF (formally, International Chosondo Federation) and Ian A. Cyrus.

Registrant's Signature: _____ Date: _____
(parent or guardian signature required if under 18 years of age)

Mail To:
Ian A. Cyrus
International Korean Martial Arts Federation
7252 Valley Avenue, Phila., PA 19128, Ph: 267-342-5880

