



## United States Martial Arts Hall of Fame

Sponsored By:  
International Martial Arts Council of America

### NATIONAL TRAINING CAMP REGISTRATION

- National Training Camp (\$50 / Day, \$125 / All 3 Days)     
  USMAHOF T-Shirt (\$20 / Each) Specify Size: \_\_\_\_\_  
 Hall of Fame Banquet (\$60 / Person)                     
  Camp T-Shirt (\$20 / Each) Specify Size: \_\_\_\_\_

#### I. GENERAL INFORMATION: (ALL)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Occupation: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Education:  H.S.  College (Name, Degree) \_\_\_\_\_

#### II. MARTIAL ARTS BACKGROUND: (ALL)

How many years have you been in the Martial Arts? \_\_\_\_\_ Are you currently training?  Yes  No

Rank	Date	Art / Style	Instructor

#### III. INSTRUCTOR / SCHOOL INFORMATION

Teaching?  Yes  No If Yes, School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 School Website: \_\_\_\_\_ School Phone: \_\_\_\_\_

#### V. PAYMENT

- Check enclosed (Payable to "International Martial Arts Council of America" or "IMAC")  
 Charge to my  VISA,  MASTERCARD,  DISCOVER, or  AMEX Card # \_\_\_\_\_  
 Name Printed on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Verification Code: (3 or 4 digit # on card) \_\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

*NOTE: A \$25 pre-registration discount applies to all registrations received with payment NO LATER than June 15<sup>th</sup>. Instructors submitting 5 student traditional camp registrations (3-Day, with payment) earns 1 free traditional camp registration. Instructors submitting 10 or more student traditional camp registrations (3-Day, with payment) earns 1 free traditional camp registration and 1 free hotel night, with an additional hotel night for each 5 students (with a maximum of 3 free hotel nights). Offer applies to registrations received, with payment, no later than June 15<sup>th</sup>.*



**National Training Camp  
Waiver & Release**

I, the below-signed individual, voluntarily submit my application for training with the International Martial Arts Council of America (IMAC) and hereby declare that, to the best of my knowledge and ability, the information on this application is true and factual.

Section I.

I, the undersigned, request the privilege of admission to the course organized by The International Martial Arts Council of America (IMAC) and the United States Martial Arts Hall of Fame (USMAHOF), and given at the above mentioned place and time. I understand that the classes taught in this seminar are martial arts oriented involving strenuous exercise and physical contact. I understand that the martial arts and related defensive tactics are inherently dangerous and I could face severe injury or death from participation in this event. I further understand that neither IMAC, USMAHOF, nor the organizers of this seminar offer any insurance or guarantees of any sort, nor subscribe to any insurance against injuries to the course participants or damage to their property. In consideration of the privilege of being admitted to participate in the course, of receiving the provided instruction and of using the host organization's installations for the duration of the seminar, I hereby declare that I will personally assume all responsibility concerning any injury that I may incur or that may be inflicted on me by others during the course, be it on or off the premises, before, after, during or between sessions. I hereby hold immune and release IMAC, USMAHOF, John Terry, its directors, employees, agents and representatives from all responsibility, accountability, and any reparations concerning personal injuries, lawsuits, damages, losses of any nature whatsoever, in law and equity, relative to the activities mentioned above. I hereby agree and engage, in the name of my heirs and beneficiaries, never to pursue, legally or in equity IMAC, USMAHOF, John Terry, employees, agents or representatives in relation to such injuries, lawsuits, damages, responsibilities, accountabilities, reparations or losses. Your signature below also shall act as an image release allowing photos taken to be used in promotional material.

Initial \_\_\_\_\_

**TO ATTEST TO THIS, I have signed this document and declare that I have read it and understand it.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_  
(If participant is under 18 years of age)

Date \_\_\_\_\_

**Return Completed Form To:** International Martial Arts Council  
ATTN: Professor John Terry  
314 Quail Creek Road  
Hot Springs AR 71901

Questions?  
P 479-970-2079  
E [john.terry@imacusa.com](mailto:john.terry@imacusa.com)