



United States Martial Arts Hall of Fame

Sponsored By:
International Martial Arts Council of America

NATIONAL TRAINING CAMP REGISTRATION

- National Training Camp (\$50 / Day, \$150 / 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") Send Paypal Invoice
- 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 15th. 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 15th.



**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