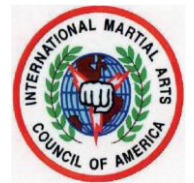




International Martial Arts Council Of America

United States Martial Arts Hall of Fame

National Training Camp 2020



Registration Form and Waiver

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Secondary Contact () _____

Email _____ Date of Birth _____ Age _____

Highest Current Rank _____ Style _____

Instructor / Association _____

Your School Name _____

Address _____ State _____ Zip _____

Registration Fees

	Before June 15	After June 15
<input type="checkbox"/> National Training Camp	\$125	\$150
<input type="checkbox"/> Hall of Fame Banquet & Awards Ceremony	\$ 60	\$ 60
<input type="checkbox"/> Camp T-Shirt (Size S M L XL 2XL 3XL)	\$ 20	\$ 20
<input type="checkbox"/> IMAC Patch	\$ 10	\$ 10
<input type="checkbox"/> Hall of Fame Patch	\$ 10	\$ 10

Camp Attire & Merchandise

<input type="checkbox"/> Camp T-Shirt (S M L XL 2XL 3XL)	\$ 20	\$ 20
<input type="checkbox"/> IMAC T-Shirt (S M L XL 2XL 3XL)	\$ 20	\$ 20
<input type="checkbox"/> HOF T-Shirt - Navy (S M L XL 2XL 3XL)	\$ 20	\$ 20
<input type="checkbox"/> All 3 T-Shirt Combo (S M L XL 2XL 3XL)	\$ 50	\$ 50
<input type="checkbox"/> IMAC Polo - Red (S M L XL 2XL 3XL)	\$ 35	\$ 35
<input type="checkbox"/> HOF Polo - Black (S M L XL 2XL 3XL)	\$ 35	\$ 35
<input type="checkbox"/> IMAC Patch	\$ 10	\$ 10
<input type="checkbox"/> Hall of Fame Patch	\$ 10	\$ 10

Join (or renew your membership in) the International Martial Arts Council of America

<input type="checkbox"/> Individual Membership (w/certificate)	\$ 25	Rank / Style : _____
<input type="checkbox"/> Black Belt Membership (w/certificate)	\$ 50	Rank / Style : _____
<input type="checkbox"/> IMAC Rank Registration	\$ 25	Rank / Style : _____
<input type="checkbox"/> Certified Instructor Certificate (1 st -4 th Dan)	\$ 50	Rank / Style : _____
<input type="checkbox"/> Certified Master Instructor Certificate (5 th Dan +)	\$ 75	Rank / Style : _____

Certificates Must Be Approved by the Council Before Being Issued – Proof of Rank is Required

IMAC International Rank Registry

<input type="checkbox"/> International Black Belt Certificate	\$ 125	Rank / Style : _____
<input type="checkbox"/> International Instructor Certificate	\$ 125	Rank / Style : _____
<input type="checkbox"/> International Master Instructor Certificate	\$ 125	Rank / Style : _____
<input type="checkbox"/> International Grandmaster Certificate (8 th Dan +)	\$ 150	Rank / Style : _____
<input type="checkbox"/> International Sokeship Certificate (Founder/Inheritor)	\$ 150	Rank / Style : _____

Certificates Must Be Approved by the Council Before Being Issued – Proof of Rank is Required

Total \$ _____

Waiver and Release Form on Page 2

Waiver

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 and the Crowne Plaza Dallas near the Galleria-Addison 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 or the Crowne Plaza Dallas 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 _____

Make Checks Payable To: "International Martial Arts Council of America" (IMAC)

Send me a Paypal Invoice Email Address for Invoice: _____

If Paying by Credit Card

VISA/Mastercard Name on Credit Card: _____

Discover Credit Card # _____

American Express Expiration Date: ____ / ____ CSV # _____

CSV Number is the 3-digit number on the back of your VISA/Mastercard or Discover Card, or the 4 digit number on the front of your AMEX

Billing Address: _____

Amount Authorized: \$ _____ Authorized Signature: _____

Date Signed: _____ Printed Name: _____

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