



Women's Martial Arts Symposium

Saturday, Jan. 19, 2019

Registration Form

Please complete one application per person and return with your \$75 payment to: WMAS, C/O Diane Ortenzio-Cooling, PO Box 3042, Gardnerville, NV 89410. Make check or money order payable to "Diane Ortenzio-Cooling".

Deadline for registration is December 18, 2018.

Name: _____

Mailing Address: _____

City/State/Zip or

Province/Postal Code: _____ Country: _____

Phone: _____ Email address: _____

Years of Martial Art Study: _____ Style: _____ Rank: _____

I understand and assume all risks involved with, and full responsibility for, any and all injuries, damages, actions, losses, liabilities, obligations, and expenses, of any kind (collectively, the "Losses") that I may sustain or cause while attending and/or participating in the Women's Martial Art Symposium conducted by the Released Persons and any other related activities (collectively, the "Activities"), including those risks of bodily injury, such as partial or total disability, paralysis, death, and those risks that are not reasonably foreseeable, and any related Losses that may arise therefrom. I understand that none of the Released Persons shall be responsible or liable for any Losses I may sustain or incur.

I hereby waive any and all claims and causes of actions I, or any person on my behalf, ever had, now has or hereafter can bring against, and forever release and agree and covenant not to sue, the instructors of the Women's Martial Arts Symposium, and any and all black belts, referees, instructors, owners of premises in which the Activities are practiced or held, first aid providers, and other students and participants, and their respective successors in interest, heirs, executors, administrators and assigns (individually and collectively, the "Released Persons"), for any Losses that I may sustain, directly or indirectly, from attending or participating in the Activities.

My signature below indicates that I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY.

Participant's Name (print): _____ Date: _____

Participant's Signature: _____ Age: _____

If participant is under age 18, a parent's signature is required also.

Parent's Name (print): _____

Parent's Signature: _____