

# SMP Arnis Training Camp – October 15-16, 2021

## Registration Form

*In-person training camp is limited to 24 participants. Registration and payment must be received by 10/8/21. Questions may be referred to Diane at [dianeoc@sierradojo.com](mailto:dianeoc@sierradojo.com) or (775) 790-5050.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

*Check one:*

**In-person Training:** SMP Member (\$70) \_\_\_\_\_ Non-Member (\$90) \_\_\_\_\_

**Virtual Access:** SMP Member (\$25) \_\_\_\_\_ Non-Member (\$35) \_\_\_\_\_

**Sign below and mail this form along with payment (payable to *Diane Ortenzio-Cooling*) to:**

Diane Ortenzio-Cooling  
PO Box 3042  
Gardnerville NV 89410

### Release and Waiver of Liability

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 self-defense seminar 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 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, Rick Manglinong, Sierra Dojo, 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 indicates that I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY.*

Participant’s Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_

**If participant is under age 18, we must have a parent’s signature also.**

Parent’s Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_