



Modern American Combative Knifeworks
North Augusta Martial Arts and Self Defense



SEMINAR REGISTRATION FORM

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ E-mail Address: _____

Prior martial arts or self-defense experience? ____ Yes ____ No

If 'Yes', Rank and Style / Location: _____

Instructor's Name: _____

Please use a separate registration form for each participant. Registrations fees are nonrefundable.

The seminar will be held at...

North Augusta Martial Arts and Self Defense

505 Belvedere-Clearwater Road
North Augusta, SC 29841

For questions, please contact Frank Beall at 803-819-1888 / 803-215-1171 / ustai@comcast.net

Teens/Adults (ages 13 to adult), Saturday, March 27th, 2010, 12:30 pm - 3:30 pm

\$30 per person at the door, CASH ONLY

FREE weapons and knife throwing training immediately following the seminar

I hereby voluntarily submit my application to attend the aforementioned knife fighting seminar and hereby assume all responsibility for any and all damages, injuries or losses I may sustain or incur while attending, participating, and traveling to and from this seminar and any subsequent seminars or other associated events I choose to attend that are hosted at North Augusta Martial Arts and Self Defense. I hereby release and waive all claims against North Augusta Martial Arts and Self Defense, Frank Beall's US TAI Karate, Modern American Combative Knifeworks, its officers, directors, shareholders, employees, agents, instructors and other participants connected with this seminar and future seminars or associated events, individually or otherwise. I fully understand that in case of injury that emergency first aid treatment shall be provided. I also understand that I shall strictly obey instructors and observe safety rules. I further agree that any pictures or video taping of me in connection with this seminar and future seminars or associated events, can be used for publication, promotion, articles, shows and advertisement without additional consent and without compensation at this time or any other time. I understand that registration fees are non-refundable.

Printed Name: _____ Signature: _____

In emergency notify: _____ Relationship: _____

Phone: (____) _____ Date: ____/____/____

If under 18 years old, parent or legal guardian must sign.