2024 IMAF AMERICAS CONFERENCE \& GIMA-HA AMERICAS TRAINING CAMP

## REGISTRATION FORM:

Please complete this form to reserve your space for the 2024 IMAF AMERICAS CONFERENCE \& GIMA-HA AMERICAS TRAINING is:
$\qquad$ Full Conference, all three days: \$225
_ (IMAF \& Gima-Ha members: \$195)
$\qquad$ Saturday only: \$125
__ (IMAF \& Gima-Ha members: \$100)
$\qquad$ Friday or Sunday: \$75
__ (IMAF \& Gima-Ha members: \$60)
$\qquad$ Family discount, only for IMAF \& Gima-Ha members: \$10 per each family member
___ IMAF Member $\qquad$ Gima-Ha Americas Member $\qquad$ Not a member

Payment of the seminars is preferred in cash, but it can be also made in the form of check. All checks and money orders should be made payable to Arching Oaks ( Florida Budokan).

Name: $\qquad$ Date of Birth: $\qquad$
Address: $\qquad$ City: $\qquad$ State: $\qquad$ Zip code: $\qquad$

Phone: $\qquad$ Email: $\qquad$
Age: $\qquad$ Current Rank: $\qquad$ Martial Art(s): $\qquad$

Name of Dojo: $\qquad$
Amount Paid: \$ $\qquad$ Date: $\qquad$

## Waiver of Responsibility

I realize that participation in martial arts training entails the risk of injury to me. I freely and voluntarily accept and assume all such risks and possibilities of personal injury while attending the 2024 IMAF AMERICAS CONFERENCE \& GIMA-HA AMERICAS TRAINING. I agree not to hold responsible, the International Martial Arts Federation, the Gima-Ha Shotokan-ryu Karatedo Association, the Florida Budokan, or any other participant and instructor for any injuries incurred while participating in these trainings.

Print your name: $\qquad$

In case of a minor, the parent or Guardian must sign below:

Signed $\qquad$ Date $\qquad$

