



2024 Sho Rei Shobu Kan Midwest Convention

Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Age: _____ Rank: _____

Dojo: _____ Sensei: _____

Fees: \$40.00 Individual Please remit payments to: SRSBK
 \$75.00 Family

Amount enclosed: \$ _____ Individual Family

Date: Saturday, November 2, 2024

Time: 10:00 AM – 4:00 PM

Location: Lincoln Martial Arts Center
 4815 S. 14th Street, Suite D
 Lincoln, NE. 68512

By signing this waiver, I am stating that I have read it in its entirety and fully understand that training at this event is a physical activity where injury and/or accidental death can occur. I indemnify and hold harmless the Sho Rei Shobu Kan Budo Organization, Lincoln Martial Arts Center, Brad Siebler Sensei, and/or staff and guest instructors from any and all liability or injury that may occur as a result of my participation. I also understand that no medical, health, or life insurance of any kind is implied or provided, and that I am fully responsible for any and all costs that may be incurred as a result of injury or illness due to my participation in this training, as the techniques are considered dangerous. By signing, I am also making testimony that I am of sound mind and body. I promise to never use what is taught to me at this seminar to harm another person unjustifiably, and I shall obey the rules and commands of the instructors at all times. By teaching these techniques, the instructors in no way acknowledge the competency level of any participant and are hereby held harmless from any and all vicarious liability.

Signature or Parent/Guardian if under 18

Date

Lincoln Martial Arts Center
4815 S. 14th Street
Lincoln, NE 68512