

SENSEI CHERYL MURPHY
will be teaching KUMITE Seminars and Private Lessons
at the Okaigan Dojo Fri – Sat – Sun March 2-3-4
19720 Stevens Creek Blvd Cupertino CA 95014
Phone 408-257-4116 * coachmarycrawford@gmail.com

WHEN: **(A) Friday March 2 ,2018**
5:00pm-6:30pm Beg/Nov
(B) Friday March 2, 2018
5:30pm-7:30pm Intr/Adv
(C) Saturday March 3, 2018
11:00am-12:30pm Beg/Nov
(D) Saturday March 3, 2018
2:00pm-4:00pm Intr/Adv
(E) Sunday March 4, 2018
11:00am-12:30 Beg/Nov
(F) Sunday March 4, 2018
2:00pm-4:00pm Intr/Adv

WHERE: Okaigan Dojo
19720 Stevens Creek Blvd Cupertino CA 95014
408-257-4116 coachmarycrawford@gmail.com
www.okaigan.com

FEES
\$50.00 Beginner/Novice Seminar
\$65.00 for any 2 hour seminar

LIMITED SPACE AVAILABLE
Cash or Check/Please make check payable to Okaigan Dojo

NAME _____ LEVEL _____ AGE _____
ADDRESS _____ CITY _____ ST _____
PHONE NUMBER _____ EMAIL _____

I will be attending seminar(s) _____

In consideration for the acceptance of my application for participation in or presence at the aforementioned activity, I hereby waive, release and discharge, The Sports, Fitness & Karate Inc dba: Okaigan Dojo Owner and assistant instructor's the landlord, the City of Cupertino, City Council, Boards and Commissions, and instructors thereof, all officers, agents, and employees from and against any and all liability for any loss, personal injury, including death, or property damage that may have arisen out of, or in any way connected with, my participation or presence at the aforementioned event, even though that liability may have arisen out of negligence or carelessness on the part of the persons or entities mentioned above and herein released, but do not release the above mentioned persons or entities from their fraudulent or intentional acts or for their negligent violations of statutory law. By acknowledging and signing this letter, the student recognizes the risk involved and agrees to the following terms and conditions required by in conjunction with participating in our karate/self defense and or safety awareness classes.
During the training the student agrees to practice and train in the techniques being taught, and to only practice under the supervision of the instructor or instructor assistants.
The student, participant, or legal guardian thereof, hereby agrees to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained while participating in any class, during training or performing for Mary Crawford, or at the facility cite at the "main dojo" 19720 Stevens Creek Blvd* Cupertino, CA 95014

Further, I agree to allow the use of my photograph and/or that of the above named minor for public publicity.

Date Signature of participant or (parent) or Legal guardian (if under 18 years) Print Name

OFFICE USE: Paid by Cash _____ or Check # _____ in the amount of \$ _____
Received by _____ Date _____

Sorry, but there are no refunds or changes – no exceptions