



PLEASE JOIN US IN CELEBRATING OUR 10TH ANNUAL
SUMMER SHURI SEMINAR - AUGUST 17 & 18, 2018!



OKINAWAN SHURI-RYU KARATE-DO, FEATURED INSTRUCTORS:

GRANDMASTER O'SENSEI ROBERT H. BOWLES & HANSHI SANDRA L. BOWLES

HOSTED BY SENSEI AMANDA KAUFMAN - ADVANCING KARATE, LTD.

沖繩首里流空手道



POSTMARK BY "JULY 11" FOR "EARLY-BIRD" REG. SAVINGS! PAYABLE TO: "ISA"

MAIL TO: "ADVANCING KARATE, LTD., P.O. BOX 162 PERRYSBURG, OH 43552"

Participant Name: _____ Age (by Aug. 17TH/18TH): _____

Sensei/Dojo: _____ Rank: _____ ISA #: _____

Your Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

E-Mail Address: _____

Medical Concerns: _____ Emergency Contact: (_____) _____ - _____

Aug. 17TH Kids (3-9yrs) : \$40 "Early Bird" by 7/11 \$50 "Pre-Reg" by 8/16 \$60 "At-Door"

Check #

Aug. 18TH Teen/Adult : \$75 "Early Bird" by 7/11 \$90 "Pre-Reg" by 8/16 \$100 "At-Door"

In consideration of my desire to participate in seminars, classes and/or personal training at the Robert Bowles Karate Academies / Advancing Karate, Ltd. / Grace United Methodist Church, I, the undersigned, intending to be legally bound do hereby for myself, my heirs, my personal representatives and assigns waive, release and forever discharge any and all rights and claims for damages which I may have or may hereafter occur to me against the Robert Bowles Karate Academies USA #1, Inc., Robert H. Bowles, it's or their officers, agents, representatives, instructors, successors and/or other corporations or individuals associated with the Robert Bowles Karate Academies USA #1, Inc. (including but not limited to Amanda C. Kaufman, Advancing Karate, Ltd., and Grace United Methodist Church), for any and all damages, claims, injuries including negligence or actions sustained or suffered in connection with my association in or arising out of my participation in any of the seminars, classes and/or personal training at the Robert Bowles Karate Academies USA #1, Inc.

If in doubt as to my physical condition to engage in seminars, classes and/or personal training, I have been advised to seek the advice of a competent physician and to abide by his/her advice. I attest and verify that I have full knowledge of the risk involved in a contact sport and that I am physically fit and sufficiently able to participate in the seminars, classes and/or training involved. If under 18, this document must also be signed by a parent or legal guardian.

Student Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____