

KNIFE DEFENSE SEMINAR

Date: August 2-3, 2025 **Location:** Engine Martial Arts

PARTICIPANT INFORMATION

LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

AGE

GENDER

HOME ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME

RELATIONSHIP

PRIMARY PHONE

MEDICAL INFORMATION

DO YOU HAVE ANY MEDICAL CONDITIONS, INJURIES, OR PHYSICAL LIMITATIONS THAT MAY AFFECT YOUR PARTICIPATION?

☐ Yes ☐ No

IF YES, PLEASE DESCRIBE:

MEDICATIONS CURRENTLY TAKING:

ALLERGIES:

REGISTRATION FEES

Registration Type	Fee	Select
Full Seminar (Both Days)	\$130	<input type="checkbox"/>
Single Day	\$70	<input type="checkbox"/>
Total Amount Due:	\$ _____	

PAYMENT METHOD:

☐ Cash ☐ Check ☐ Credit/Debit Card

LIABILITY WAIVER AND AGREEMENT

ASSUMPTION OF RISK, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

I understand that martial arts training involves inherent risks including but not limited to: physical contact, falls, collisions, and other activities that may result in serious injury, disability, or death. I voluntarily assume all risks associated with participation in this seminar.

In consideration for being allowed to participate in this martial arts seminar, I hereby waive, release, and discharge the seminar organizers, instructors, facility owners, and all associated parties from any and all claims, demands, or causes of action arising from my participation, including those resulting from negligence.

I agree to indemnify and hold harmless the released parties from any claims brought by third parties as a result of my participation. I understand that this agreement is binding on my heirs, executors, and assigns.

I acknowledge that I have read this agreement in its entirety and understand its contents. I am signing this voluntarily and of my own free will.

☐ I have read, understood, and agree to the terms of this waiver

PHOTO/VIDEO RELEASE: I GIVE PERMISSION FOR PHOTOS AND VIDEOS TAKEN DURING THE SEMINAR TO BE USED FOR PROMOTIONAL PURPOSES

☐ Yes ☐ No

PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

DATE

FOR OFFICE USE ONLY

REGISTRATION DATE

PAYMENT RECEIVED

PROCESSED BY

NOTES
