

2016 AJJF International Palmetto Fall Clinic Registration Form

October 13-15, 2016

First name	Last name
Street address	
City	State
	Zip code
Phone	E-mail address

WAIVER AND RELEASE OF LIABILITY

In consideration of this registration, I agree for myself, my heirs, successors and assigns to waive and release all liability, not file any lawsuit or any other action, and to indemnify and hold harmless the American Judo & Jujitsu Federation (AJJF), its directors, professors, officers, employees, committee members, instructors, members, registrants, affiliated dojos or schools for any injury, or other legal cause of action arising out of the study or practice of Danzan Ryu Jujitsu or any activity taught, practiced or conducted in connection with my registration in the AJJF. This waiver, release and indemnity includes, but is not limited to, injuries or any other legal cause of action occurring in classes, demonstrations, competitions or otherwise, and I waive and release any and all claims or rights that I may have in any jurisdiction for any liability arising out of any legal cause of action, including but not limited to, any liability from negligence and agree to indemnify and hold harmless the parties listed in the prior sentence. I understand that the study and practice of martial arts in general, and jujitsu in particular is an inherently dangerous activity and may lead to serious and permanent physical injury and/or death. Intending to be legally bound by my signature below, I acknowledge the above and for all time knowingly and voluntarily assume any and all risks associated with the study and practice of Danzan Ryu Jujitsu or any martial art. The AJJF Board of Professors reserves the right to suspend any individual or school registration at any time. I have read this waiver. I agree to adhere to the rules and standards of the AJJF. I further understand that only AJJF-sanctioned classes and events are covered by the AJJF group insurance.

I am over 18 or I am the parent or legal guardian of the above-named event participant. I have read the release and agree accordingly.

Signature: _____ Date: _____

Full Clinic Package (Classes and T-shirt)	Cost if paid and postmarked by 10/06/2016	Cost if postmarked after 10/06/2016 or at the door	Subtotal
<input type="checkbox"/> 3 days	\$260	\$290	\$
<input type="checkbox"/> 2 days	\$230	\$260	\$
Please check T-shirt size: Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2XL <input type="checkbox"/> Adult 3XL <input type="checkbox"/>			

Partial Clinic Packages and Extra Items	Subtotal
<input type="checkbox"/> 1 day of classes only \$120 (No T-shirt) if paid and postmarked by 10/06/2016	\$
<input type="checkbox"/> 1 day of classes only \$130 (No T-shirt) after 10/06/2016	\$
<input type="checkbox"/> Extra adult T-shirt @\$15 each: Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2XL <input type="checkbox"/> Adult 3XL <input type="checkbox"/>	\$
American Judo & Jujitsu Federation Membership (required)	Subtotal
<input type="checkbox"/> AJJF membership #	\$
<input type="checkbox"/> Expiration date:	
<input type="checkbox"/> Event membership \$5	\$
<input type="checkbox"/> New/renewal annual membership Adult \$60	
Method of Payment	Total
<input type="checkbox"/> Check (<i>payable to Palmetto Jujitsu Academy or PJA</i>)	\$
<input type="checkbox"/> Credit card # (<i>Mastercard or Visa only</i>)	\$
Expiration date	\$
Cardholder's signature	Print name as it appears on card

Return to Palmetto Jujitsu Academy & Healing Arts Center
372 Riverchase Way, Lexington, SC 29072