

THE YIN YANG DO KARATE ASSOCIATION
ANNUAL WINTER YYDKA SEMINAR and BANQUET
JANUARY 25, 2020



SEMINAR (\$20.00 per person)

Registration: 12:00 to 12:30

Seminar: 1:00 PM to 4:00PM

Danish Brotherhood Lodge

2206 63rd Street

Kenosha, WI 53143

BANQUET DINNER (\$15.00 per person)

Social: 4:00 PM to 5:00 PM (Cash Bar)

Banquet to follow at 5:30

Danish Brotherhood Lodge

2206 63rd Street

Kenosha, WI 53143

For more information

E-mail: yinyangdokarate@yahoo.com

Contact:

Rick Cesario: 262-945-7826

Or

Scott Otter: 262-960-1436

THE YIN YANG DO KARATE ASSOCIATION
IS PLEASED TO ANNOUNCE
YYDKA WINTER SEMINAR and BANQUET – 2020

Please make checks payable to Yin Yang Do Karate Association and mail to: YYDKA P.O. Box 1671 Kenosha WI 53140

Pre-registration is strongly encouraged. To participate, please complete and return the following:

Participant's Name _____ Phone # _____
Address _____ City _____ State/Zip _____
School _____ Instructor _____
Email Address _____
Remittance _____

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, do hereby voluntarily submit my application for participation in the karate seminar presented at Danish Brotherhood Lodge on January 25, 2020. I do hereby assume full responsibility for any all damages, losses, injuries, illness or death that I may sustain or incur, if any, while attending or participating in said karate seminar. I do hereby further agree to indemnify and hold harmless: Danish Brotherhood Lodge, Yin Yang Do Board of Directors, Yin Yang Do Karate Association, and all officers, shareholder, agents, employees and representatives of said organizations, event officials, promoters, operators, or directors of said event individually or otherwise for any claims or injuries that I may sustain. I Represent to all the a fore mentioned that I am in good physical health, and that I have no disability, impairment, illness or ailment preventing me from participating in said karate seminar. I fully understand that any and all medical aid or treatment administered to me as a result of any injury will be of a first aid nature only.

I have read and fully understand all the terms and conditions and I voluntarily agree to the entire liability waiver.

PARENT OR GUARDIAN MUST SIGN IF UNDER 18 YEARS OF AGE

Signature: _____ **Date** _____

Print Name: _____

Child Name (if signing for minor): _____