

PROFESSOR RICHARD BUNCH AND
NIKKO JUJITSU SCHOOL
PRESENTS
MESSAGE CLINIC – REGISTRATION

NAME: _____ MALE/FEMALE _____

ADDRESS: _____ CITY: _____ STATE: _____

TEL (DAY): _____ TEL (NIGHT): _____

EMAIL: _____

DOJO: _____ INSTRUCTOR: _____

RELEASE AGREEMENT: FOR AND IN CONSIDERATION OF MY PARTICIPATION IN THE FOREGOING EVENT SPONSORED BY JUJITSU AMERICA AND NIKKO JUJITSU SCHOOL, I INTEND TO BE LEGALLY BOUND, HEREBY MYSELF, MY HEIRS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS TO DAMAGE OR CLAIMS AGAINST SAID ORGANIZATION, ITS GOVERNING BODY, OFFICIALS, AND MEMEBERS FOR INJURIES OR RIGHTS TO DAMAGES SUFFERED BY ME DIRECTLY OR INDIRECTLY AS A RESULT OF ATTENDING, PARTICIPATING IN, PRACTICING FOR, TRAVELING TO OR FROM SUCH EVENT, OR AGAINST JUJITSU AMERICA, WILLY CAHILL, RICHARD BUNCH, GOVERNING BODY, STAFF MEMEBERS OR INSTRUCTORS. I FURTHER CERTIFY THAT I AM IN PROPER HEALTH AND PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITIES.

Participant name: _____ Date: _____
(Print)

Participant Signature: _____ Date: _____

Parent/Legal Guardian (If under age 18): _____ Date: _____
(Print)

Participant Signature: _____ Date: _____

FEE: \$15.00 - LUNCH IS INCLUDED
CHECKS PAYABLE TO: NIKKO JUJITSU SCHOOL

SATURDAY, FEBRUARY 18TH
REGISTRATION STARTS AT 8:30
CLINIC BEGINS AT 9:00 AM

PLEASE BRING TOWEL, LOOSE CLOTHING AND PLENTY OF
WATER

