P.O.Box 40009, Austin, TX 78704 http://www.akfkenpo.com

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## **TEXAS SPIRIT CAMP 2005 – REGISTRATION FORM**

	Mail this form and appropriate fee to address above.
Name	Date
Address	
City	StateZip
Phone	E-Mail
	Instructor
	n#1, Session #2, Session #3 attend the Saturday Night Dinner. How many?Adults,Kids
application for part participate in this e contact and the exist the camp, I hereby actions, causes, deb may arise, in conne Kenpo Karate; the	the undersigned, do hereby voluntarily submit my cipation in the Texas Spirit Camp, and I state that I am physically fit to vent and acknowledge that the fighting aspect of this training involves bodily tence of personal risk. In consideration for being permitted to participate in assume all risk and will indemnify and hold harmless from any liability, ts, claims, and demands of every kind whatever, which I now have, or which ction with my participation, the following parties: Brian Duffy; Brian Duffy's American Kenpo Federation; and the employees and staff of the ties as well as the instructors and other participants of this camp.
determined that fur closest available me give permission for a qualified medical for all costs of any	or emergency first aid to be rendered in the event of an injury. Should it be ther medical attention is required, I give permission to be transported to the edical facility for private and/or emergency medical services/treatment. I also the administration of any medication and/or procedure deemed necessary by doctor to myself (or to my child until my arrival). I will solely responsible such medical services/treatment/procedures rendered. I am allergic to the ons and have the following conditions which should be considered when ass or injury:
promotional enterp myself and I release causes, debts, claim	or my likeness and image to be used in connection with any commercial or rise conducted by the sponsors of this event without any compensation for the producers of any such promotional activities from any liability, actions, s, and demands of every kind whatever which I now have, or which may with my participation.
Signature	Date
	Date

Signature of parent or guardian if under 18 years of age