# Shotokan Karate-Do International Federation Seminar with

**Kancho Nobuaki Kanazawa**

AND

**Nobuaki Satsukawa**

Sensei from Tokyo City University

# Training for All Levels and Ages

**Saturday, March 3, 2018 • 9:00 am–2:00 pm (lunch break between 11:00am – 12:00pm)**

**Manoa Valley District Park**

**2721 Kaaipu Ave • Honolulu, Hawaii 96822**

**SPONSORED BY:**

SKIF Hawaii - Pearl City • SKIF Hawaii - Iwilei • SKIF Hawaii - Windward SKIF Hawaii - JCCH

## Name: Rank:

Address:

Street City State Zip Code

## Phone: E-Mail:

Date of Birth: Instructor: Dojo/Club

 o **SEMINAR** (Adult, all ranks): $30.00 o **SEMINAR** (Child, up to 15 yrs. age): $20.00 Please make all checks payable to: **SKIF - Windward Oahu**

## Submit/Mail all forms and payments to: **Manfred Nagel**, P.O. Box 3403, Honolulu HI 96801

no later than February 24, 2018 (NO REFUNDS)

Questions or Concerns? Contact: **Manfred Nagel** (808) 306-3057 or via email at

**manfr****ed@ephawaii.com**

**WAIVER AGREEMENT (ALL PARTICIPANTS MUST SIGN)**

I hereby acknowledge that there are possible risks of bodily injury involved in the practice of karate. I hereby waive any claims for injuries, damages, and/or death against the promoters, sponsors, City and County of Honolulu, participants, operators, and instructors in connection with the 2018 seminar featuring Kancho Nobuaki Kanazawa and Nobuaki Satsukawa sensei on March 3, 2018 and related training sessions. I further state that I am in good health and physical condition so that I may participate in said activities. Finally, I agree to allow, without compensation, the unrestricted use of any photographs, film, and video recordings that i may be included in.

### ALL PARTICIPANTS WHO HAVE THE FOLLOWING PHYSICAL CONDITIONS LISTED BELOW MUST HAVE DOCTOR’S PERMISSION TO PARTICIPATE. A DOCTOR’S CERTIFICATE MUST ACCOMPANY THEIR APPLICATION.

1. Heart Condition, 2. High Blood Pressure, 3. Epilepsy, or 4. Any illness that requires a doctor’s permission to participate in sports.

### I FULLY UNDERSTAND THAT ANY MEDICAL TREATMENT GIVEN ME WILL BE OF FIRST AID TREATMENT TYPE ONLY. IF UNDER 18, THIS RELEASE AND CONSENT MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

x x

Signature of Consent (by Parent or Guardian if under 18 yrs. old) Signature of Participant