



Georgia Karate Academy^{Inc.}



Mailing Address: P.O. Box 1545, Watkinsville, GA 30677
Studio Address: 16 North Main Street, Ste. D (2nd Floor), Watkinsville, GA 30677
georgiakarateacademy.com • E-mail: gka2@bellsouth.net
Tel: 706-769-3730 • Fax: 706-769-4670

RANDALL HASSELL CLINIC REGISTRATION

Clinic Date: May 6, 2006

Complete Clinic - 2 Sessions, Teens and Adult Only (check one):

AJKA or ASKA Members: \$60

Non Members: \$75

Any 1 Session, Teens and Adults Only (check one):

AJKA or ASKA Members: \$35

Non Members: \$40

Make checks payable to The Georgia Karate Academy, Inc.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Your Rank: _____ Years of Experience: _____

Your Dojos Name: _____

Your Instructors Name: _____

Payment Options: Check - Payable to The Georgia Karate Academy, Inc.

Money Order VISA MasterCard AMEX

Name on card _____

Billing Address _____

Expiration date _____

Account number _____

Waiver and Release from Liability and Assumption of Risk

The undersigned understands and agrees that the class/course for which he/she is registering for involves an inherent risk of accidental physical harm or injury and understands that this assumed risk may arise from, but not limited to, the instruction, explanation, practice, and training in the subject matter of the course. The undersigned, therefore, agrees that the risk of any such injury is assumed by him/her, and hereby relieves and agrees to hold harmless, on account of physical and/or mental injury sustained by him/her, the Georgia Karate Academy, Inc., and/or David Gómez, and/or Rebecca Blaze Gómez, and/or the American JKA Karate Association - International, its owners, officials, instructors, other participants, sponsors, agents, and/or employees from any and all claims, demands, rights and causes of action whatsoever (of all listed individuals or businesses), arising from and by reason of his/her participation in said class/course. The undersigned further states that he/she is in good health and physical condition and has medical insurance which covers his/her participation in this class/course. The undersigned also states that he/she understands there will be no transfer of registration allowed to any other person or refund of all or any portion of said fees or contributions for said class/course, for any reason whatsoever. Also, I agree to allow, without compensation, the unrestricted use of any photographs, film, or video/DVD recorded material of myself. The undersigned further states that he/she has read this Waiver and Release, understands the contents thereof and has executed same of his/her own free will. The undersigned further states that he/she has read this Waiver and Release, understands the contents thereof and has executed same of his/her own free will.

Signature _____ Date: _____

Signature of Parent or Guardian if under 18: _____ Date: _____

Traditional Shotokan Core Clinic with Randall Hassell, 8th Dan

Date: May 6, 2006

Venue: Georgia Karate Academy, Inc.
16 North Main Street, Watkinsville, GA 30677
Only 50 minutes east of Atlanta!

Session Times

Session one: 9:15 AM - 10:30 (all levels)

Session two: 11:00 AM - 12 noon (10th - 5th kyu ONLY)

Session three: 3:00 PM - 4:30 PM (4th kyu - dan levels ONLY)

Clinic Cost

Complete Clinic - 2 Sessions, Teens and Adult Only (check one):

AJKA or ASKA Members: \$60

Non Members: \$75

Any 1 Session, Teens and Adults Only (check one):

AJKA or ASKA Members: \$35

Non Members: \$40

Contact Info

David Gomez: 706-769-3730

gka2@bellsouth.net

On-line Information and Registration

https://www.essential-shotokan.com/seminar_hassell2006.htm

**All traditional Shotokan karateka are welcome
to attend regardless of affiliation!**