



I Liq Chuan Workshop Registration Form
February 12,13,14,15 2010

PLEASE PRINT AND MAIL WITH CHECK TO:

Sam Chin
133 Pleasant View Road,
Pleasant Valley NY 12569

NAME: _____ DATE: _____
LAST FIRST MIDDLE

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAY PHONE : () _____ EVENING PHONE : () _____

EMAIL ADDRESS: _____

Date: Friday 02/12 through Monday 02/15/2010
Place: Sifu Chin's Dojo - See above address
Phone: S. Chin 845-635-3567 or 914-262-1513
Email: samchin@i-liqchuan.com

Cost: Student-Members ONLY 4 days \$250 Current year 2009-10
Single Day Student-Member \$80 - if space permits
Meal allowance: \$15 per day except
Monday when 2 meals will be served at \$10
Sleeping bags & towels required if staying with Sifu
Motels available - need own transportation

WORKSHOP AGREEMENT

I hereby assume full risk and responsibility for any and all damages, injuries or losses to my person or property, which I may sustain or incur in connection with my attendance at the *I Liq Chuan* workshop. I agree that any instructor or member of the *I Liq Chuan* workshop or promoters, operators and sponsors of the establishment, and their officers, agents or employees, shall not be responsible for any damages, injuries or losses to my person or property, which I may sustain or incur for any reason, cause or condition, whatsoever, including negligence. I hereby release and discharge each and all of them individually or otherwise of and from all claims, demands, rights or cause of action whatsoever, which I or my heirs, executors, administrators or assigns have or may have against them or any of them by reason of matter or incident, whether arising from their negligence or otherwise, in connection with my attendance and participation at the *I Liq Chuan* workshop. I hereby release and discharge each and all above named when practicing *I Liq Chuan* outside of the workshop.

I agree to the use of my name, photograph and voice in connection with the actual conduction of any tournament or event. In addition, I agree to the use of my appearance, in the *I Liq Chuan* workshop or any of its functions, as part of a broadcast or telecast (live, taped, or rerun) or the exhibition of films and pictures of my participation, in the *I Liq Chuan* workshop or any its function, without any compensation to me.

SIGNATURE OF APPLICANT: _____

DATE: _____

SIGNATURE OF PARENT OR GUARDIAN, IF UNDER 18 _____ DATE: _____