



# International Martial Arts Council Of America

## United States Martial Arts Hall of Fame

### National Training Camp 2021



## Registration Form and Waiver

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Secondary Contact ( ) \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Highest Current Rank \_\_\_\_\_ Style \_\_\_\_\_

Instructor / Association \_\_\_\_\_

Your School Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Registration Fees

	Before June 1	After June 1
<input type="checkbox"/> National Training Camp	\$125/person	\$150/person
<input type="checkbox"/> NTC Spectator Fee (All 3 Days)	\$ 25/person	\$ 25/person
<input type="checkbox"/> Hall of Fame Banquet (Qty _____)	\$ 60/person	\$ 60/person

### Camp Attire & Merchandise (Circle Size)

<input type="checkbox"/> Camp T-Shirt (S, M, L, XL, 2XL, 3XL)	\$20	\$20
<input type="checkbox"/> IMAC T-Shirt (S, M, L, XL, 2XL, 3XL)	\$20	\$20
<input type="checkbox"/> HOF T-Shirt (S, M, L, XL, 2XL, 3XL)	\$20	\$20
<input type="checkbox"/> All 3 T-Shirt Combo (S, M, L, XL, 2XL, 3XL)	\$50	\$50
<input type="checkbox"/> IMAC Polo – Black (S, M, L, XL, 2XL, 3XL)	\$35	\$35
<input type="checkbox"/> HOF Polo – Navy (S, M, L, XL, 2XL, 3XL)	\$35	\$35
<input type="checkbox"/> IMAC Patch	\$10	\$10
<input type="checkbox"/> Hall of Fame Patch	\$10	\$10
<input type="checkbox"/> CMAC Patch	\$10	\$10
<input type="checkbox"/> FBI Patch	\$10	\$10

### Join the International Martial Arts Council of America

<input type="checkbox"/> Individual Membership (w/certificate)	\$ 25	Rank / Style : _____
<input type="checkbox"/> Black Belt Membership (w/certificate)	\$ 50	Rank / Style : _____
<input type="checkbox"/> IMAC Rank Registration	\$ 25	Rank / Style : _____
<input type="checkbox"/> Certified Instructor Certificate (1 <sup>st</sup> -4 <sup>th</sup> Dan)	\$ 50	Rank / Style : _____
<input type="checkbox"/> Certified Master Instructor Certificate (5 <sup>th</sup> Dan +)	\$ 75	Rank / Style : _____

*Certificates Must Be Approved by the Council Before Being Issued – Proof of Rank is Required*

### IMAC International Rank Registry

<input type="checkbox"/> International Black Belt Certificate	\$ 125	Rank / Style : _____
<input type="checkbox"/> International Instructor Certificate	\$ 125	Rank / Style : _____
<input type="checkbox"/> International Master Instructor Certificate	\$ 125	Rank / Style : _____
<input type="checkbox"/> International Grandmaster Certificate (8 <sup>th</sup> Dan +)	\$ 150	Rank / Style : _____
<input type="checkbox"/> International Sokeship Certificate (Founder/Inheritor)	\$ 150	Rank / Style : _____

*Certificates Must Be Approved by the Council Before Being Issued – Proof of Rank is Required*

Total \$ \_\_\_\_\_

**Waiver and Release Form on Page 2**

**Waiver**

I, the below-signed individual, voluntarily submit my application for training with the International Martial Arts Council of America (IMAC) and hereby declare that, to the best of my knowledge and ability, the information on this application is true and factual.

**Section I.**

I, the undersigned, request the privilege of admission to the course organized by The International Martial Arts Council of America, Inc. (IMAC) and the United States Martial Arts Hall of Fame (USMAHOF), and given at the above-mentioned place and time. I understand that the classes taught in this seminar are martial arts oriented involving strenuous exercise and physical contact. I understand that the martial arts and related defensive tactics are inherently dangerous and I could face severe injury or death from participation in this event. I further understand that neither IMAC, USMAHOF, nor the organizers of this seminar offer any insurance or guarantees of any sort, nor subscribe to any insurance against injuries to the course participants or damage to their property. In consideration of the privilege of being admitted to participate in the course, of receiving the provided instruction and of using the host organization's installations for the duration of the seminar, I hereby declare that I will personally assume all responsibility concerning any injury that I may incur or that may be inflicted on me by others during the course, be it on or off the premises, before, after, during or between sessions. I hereby hold immune and release IMAC, USMAHOF, John Terry, its directors, employees, agents and representatives, along with the Holiday Inn Springdale/Fayetteville Area & Northwest Arkansas Convention Center from all responsibility, accountability, and any reparations concerning personal injuries, lawsuits, damages, losses of any nature whatsoever, in law and equity, relative to the activities mentioned above. I hereby agree and engage, in the name of my heirs and beneficiaries, never to pursue, legally or in equity IMAC, USMAHOF, John Terry, employees, agents or representatives along with the Holiday Inn Springdale/Fayetteville Area & Northwest Arkansas Convention Center in relation to such injuries, lawsuits, damages, responsibilities, accountabilities, reparations or losses. Your signature below also shall act as an image release allowing photos taken to be used in promotional material.

**Initial** \_\_\_\_\_

TO ATTEST TO THIS, I have signed this document and declare that I have read it and understand it.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_  
**(If participant is under 18 years of age)**

**Date** \_\_\_\_\_

**Make Checks Payable To: "International Martial Arts Council of America" (IMAC)**

**If Paying by Credit Card**

VISA/Mastercard Name on Credit Card: \_\_\_\_\_

Discover Credit Card # \_\_\_\_\_

American Express Expiration Date: \_\_\_\_ / \_\_\_\_ CSV # \_\_\_\_\_

CSV Number is the 3-digit number on the back of your VISA/Mastercard or Discover Card, or the 4 digit number on the front of your AMEX

Billling Address: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Return Completed Form To:** International Martial Arts Council  
ATTN: Professor John Terry  
314 Quail Creek Road  
Hot Springs AR 71901

Questions?  
P 479-970-2079  
E [john.terry@imaacusa.com](mailto:john.terry@imaacusa.com)