

USA KARATE

FEBRUARY 3RD & 4TH 2012

Hosts

**THE
MASTER
DANNY
LANE
SUPER
SEMINAR**



Friday, February 3, 2012

4:45 pm - 5:45 pm

Youth Martial Arts 12 & under

(recommended for youth students with 2 years or less of training)

Friday, February 3, 2012

6:30 pm - 9:00 pm

Black Belt Self Defense

Saturday, February 4, 2012

9:30 am - 12:00 pm

Tactical Self Defense

Saturday, February 4, 2012

1:00 pm - 3:30 pm

Weapon Defense/ Disarms

The Master Danny Lane Seminar will be conducted at the
USA Karate Academy

1535 NE 177th St., • Shoreline, WA 98155

For more information contact Shihan Joni Sharrah 206-440-5533

Danny Lane has been personally trained by Mr. Chuck Norris for more than 30 years, and is a 7th Degree Black Belt in Chuck Norris' United Fighting Arts Federation.

He also holds high ranking black belts from several world-renowned organizations; Jui-jitsu, Judo, Tae Kwon Do, Tang Soo Do, and Aikido.

Danny Lane's martial arts seminars and DVD's are professionally endorsed by members of the US Military, Federal and State Law Enforcement Agencies, Secret Service, CIA, US Marshalls, Border Patrol, Martial Arts Masters, Movie Stars, and numerous agencies world wide. Go to www.dannylane.com

Send registration and waiver forms via US Mail to:

USA Karate Academy

20126 Ballinger Way NE, PMB 222 • Shoreline, WA 98155



Hosts

THE MASTER DANNY LANE SUPER SEMINAR FEBRUARY 3RD & 4TH 2012 • REGISTRATION

Friday, February 3, 2012 **4:45 pm - 5:45 pm** **Youth Martial Arts 12 & under**
(recommended for youth students with 2 years or less of training)

Student Type	Youth Session Only
USA KARATE BBC*	\$25.00
General Participants**	\$30.00

Friday, February 3, 2012 **6:30 pm - 9:00 pm** **Black Belt Self Defense**

Saturday, February 4, 2012 **9:30 am - 12:00 pm** **Tactical Self Defense**

Saturday, February 4, 2012 **1:00 pm - 3:30 pm** **Weapon Defense/ Disarms**

Student Type	1 Session	All Sessions
USA KARATE BBC*	\$50.00	\$75.00
General Participants**	\$55.00	\$80.00

* USA KARATE BBC MEMBERS ARE REGISTERED IN THE BLACK BELT CLUB.

**General Participants are those who are in attendance that are not currently in the USA Karate Academy Black Belt Club.

Name _____ Age _____ Gender: ___M___F

Mailing Address _____ City _____

State _____ Zip Code _____ E-Mail Address _____

Day Phone (_____) _____ Evening Phone(_____) _____

Release: I hereby consent to participate in activities offered by USA Karate Academy and or the Danny Lane Super Seminars. It is hereby agreed that I or my children waive and release all rights and claims for damages that I may give at any time against the school, its representatives whether paid or volunteer for any injury or damages in connection with the Danny Lane Super Seminar Weekend. The risks involved in respect to such a program are fully understood.

Permission for Medical Treatment: I confirm that the above named person is in good health. I hereby authorize simple first aid and consent to any x-ray, exam and medical or surgical diagnosis which is deemed necessary.

Signature of Participant

Date

Signature of Parent or Legal Guardian

Date

_____ # of Sessions

\$_____ Amount Submitted

Make Checks or Money Orders Payable to:

USA KARATE • 1535 NE 177th ST. • Shoreline, WA 98155 • 206-440-5533



Master Danny Lane Super Seminar

ATHLETE WAIVER/RELEASE FORM (“AGREEMENT”)

(Must be filled out and returned with your Entry Form)

IN CONSIDERATION of being permitted to participate in any way in The Master Danny Lane Super Seminar, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and Warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b) these Risks and dangers may be caused by my actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the WA Karate Services, USA Karate, Joni and Alan Sharrah, Daniel Lane, including related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, lessors of premises on which the Activity takes place. FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasee’s, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost as which any may incur as the result of such claim.

Agreement to Participate

I, or we, grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesmen in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child en route to or from or at the site of karate event or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize the tournament directors to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording, This is to be done in conjunction with my participating in this karate event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event, nor will I receive any payment for the possible commercial use of my name or likeness.

I REALIZE THAT THERE ARE NO REFUNDS.

MINOR RELEASE: AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE’S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS A RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT, ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature of Participant

Signature of Parent/Guardian

Date