



The Yin Yang Do Karate Association is pleased to announce the  
2010 Annual Founder's Day Karate Workout

**In remembrance of  
William H. Foster Shihan  
Shorei Kempo Karate**

**Saturday, July 10, 2010**

**Registration 12PM-1PM. Training begins promptly at 1PM.**

**Workout 1PM-4PM. Picnic to Follow.**

**Kemper Center: 6501-3<sup>rd</sup> Avenue, Kenosha, WI 53143**

**The cost is \$15 for participants age 12 and older or  
\$5 for children under 12 years of age**

**Please make checks payable to:  
the Yin Yang Do Karate Association  
P.O. Box 1671 Kenosha, WI 53141-1671**

**Contact Pat Weyand at 262-939-9955 or patweyand@wi.rr.com**

**To participate, please complete and return the following:**

**PARTICIPANT'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_**

**ADDRESS \_\_\_\_\_**

**CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_**

**EMAIL ADDRESS \_\_\_\_\_**

**SCHOOL \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_**

**WAIVER AND RELEASE OF LIABILITY**

I, the undersigned, do hereby voluntarily submit my application for participation in the karate seminar sponsored by the Yin Yang Do Karate Association at the Kenosha County Kemper Center (6501 3<sup>rd</sup> Avenue, Kenosha, WI 53143). Featured instructors include Uza Sensei, Al Gomez Sensei, Patrick Weyand Sensei and Don Jambrek Sensei. I do hereby assume full responsibility for any and all damages, losses, injuries, illness or death that I may sustain or incur, if any, while attending or participating in said karate seminar. I do hereby further agree to indemnify and hold harmless the Yin Yang Do Karate Association and it's representatives including, but not limited to, the following: Uza Sensei, Chicago Okinawan Kenjinkai, Al Gomez, Patrick Weyand, Don Jambrek, the County of Kenosha and all officers, shareholders, agents, employees and representatives of said organizations or event officials, promoters, operators, or directors of said event individually or otherwise for any claims or injuries that I may sustain.

I represent to all the afore mentioned that I am in good physical health, and that I have no disability, impairment, illness or ailment preventing me from participating in said karate seminar.

I fully understand that any and all medical aid or treatment administered to me as a result of any injury will be of a first aid nature only.

**I have read and fully understand all the terms and conditions and I voluntarily agree to the entire liability waiver.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

***PARENT OR GUARDIAN MUST SIGN IF UNDER 18 YEARS OF AGE***