

**Davenriche European Martial Artes School Seminar**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
School/Affiliation: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

In order to help us assess what to plan for future conventions, please answer the following questionnaire. Your information will be kept confidential, and will in no way make you ineligible to attend.

1. Have you ever had any swordfighting training? How long ago? What weapons did you study?

\_\_\_\_\_  
\_\_\_\_\_

2. Have you trained in any martial arts? Which ones and for how long?

\_\_\_\_\_  
\_\_\_\_\_

3. How did you hear of this seminar, what interested you in this seminar, or what would you like to see at future seminars?

\_\_\_\_\_  
\_\_\_\_\_

I am paying the registration fee of \$ \_\_\_\_\_ by \_\_\_ Cash \_\_\_ Check \_\_\_ Money Order  
(Make all checks and money orders payable to Steaphen Fick )

I, \_\_\_\_\_, (please print) intend to be legally bound and due hereby agree to be legally bound for myself and for all successors in interest I may have, by this contract, waiver and release of liability, and hereby agree to hold harmless and indemnify the Davenriche European Martial Artes School (DEMAs) it's lecturers, as well as any coordinators, officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons against any claims for damages or other claims for injuries or losses of any kind suffered by me or any others directly or indirectly arising out of any practice, instructions, or other activity related to this program as well as participation in this program or traveling to or from this program or any other activity related to this program.

I understand that this seminar reflects a study of weapons techniques, and grappling arts for the purposes of cultural heritage and recreation, that the instructors in no way advocate that I should seek confrontations, directly or indirectly, and that in the event of a hostile or life-threatening encounter, I should use only the minimum force necessary to neutralize the treat or to remove myself from the dangerous situation. I further understand that the instructors are merely teaching techniques of martial arts systems and are in no way advocating physical violence towards another person. I hereby waive DEMAS, it's guest lecturers, as well as any coordinators, officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, of any liability for my actions; including, but no limited to: injury to myself or others and/or any property damage(s) resulting from any attempts by me to perform any of the techniques discussed, demonstrated or taught during this seminar by the aforementioned agents.

I understand that the nature of these activities may require close and intimate physical contact with other participants and/or instructors. I understand that this physical contact is necessary and inherent in the context and education of the material. I understand that the scenarios and topics to be discussed are mature and sensitive issues. I acknowledge and understand that it is my right to decline participation in any event with which I feel uncomfortable or unsafe, that it is my right to vocalize my feelings concerning the training, and that at any time I may choose to immediately cease activity or involvement. I further understand that if I require counsel with one or more of the trainers or other personnel that they are open

and approachable. I acknowledge that if I am uncomfortable with any situation or individual that I may immediately state so, and that a counselor will be provided with whom I may discuss my concerns in private.

Risks of Injury: I understand that some of the exercises and training methods to be taught involve the application of pain compliance and, if I choose to participate, will require me to submit to various types of physical restraint and exercise which may, in the course of demonstration and/or application cause me pain or injury. I understand that I may choose not to participate or stop my participation in any of these activities. I further understand that many of the exercises and training methods to be taught will require me to be in good physical condition. I certify that I am physically able to participate in this activity and will further hold DEMAS, it's guest lecturers, as well as any coordinator, officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, harmless for any injury sustained in the course of this training due to any physical defect or condition that I may have, whether now known or hereinafter discovered. I further acknowledge that in consideration for this training, this release shall not expire and shall be considered effective in perpetuity.

I also understand that the instructors will be teaching their respective classes in the safest possible atmosphere, however, as with any athletic activity, I am aware that participating in Sword Camp 2008, can be dangerous, involving the risk of injury, including, but not limited to: bruises, cuts, partial or full paralysis, muscle tears, sprains and strains, broken bones, eye injury, head injuries, death, and/or other impairments to body or mind. I acknowledge that the risk and type(s) of injuries will vary with the activities in which I choose to participate.

Consequently, I agree:

To accept any and all risks involved with the activities in which I choose to participate.

To obey the instructors, and their agents to help minimize the risk of injury to myself and others.

That failure on my part to abide by the rules of the individual instructors will jeopardize my eligibility to participate in the event, and that the event coordinators reserve the right to remove me without reimbursement at their discretion if they feel that I am acting in an unsafe or abusive manner.

**Payment of Injury Expenses:**

I understand that DEMAS, it's guest lecturers, as well any coordinator, officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, do not maintain accident medical insurance for any injuries resulting from this event, including any injuries sustained while en route to or from this event. It is either my responsibility, or my parents' responsibility to provide medical insurance or other financial means of paying for any and all activity-related injuries. I understand that any and all decisions are made in consideration of my personal safety and the safety of others, and that all decisions made by DEMAS, it's guest lecturers, as well as any coordinators, officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, are done so irrespective of race, creed, color, nationality, affiliation, gender or sexual orientation.

I have understood all that is expressed in this waiver and release of liability, and I certify that I am of sound judgment, legally competent to agree to this waiver. Additionally, I certify that I am fifteen years of age or older, or a legally emancipated adult.

\_\_\_\_\_  
Attendee's Signature

\_\_\_\_\_  
Date

I certify that my child, being under the age of 18, has my permission to attend this seminar, and that I have understood all that is expressed in this waiver and release of liability, and I certify that I am of sound judgment, legally competent to agree to the waiver.

\_\_\_\_\_  
Parental Signature if attendee is under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Davenriche European Martial Artes School officer signature

\_\_\_\_\_  
Date