



Bram Frank's Modular Blade Concepts

October 6 - 8, 2017

Fri. 6-9 pm

Sat. 10 am - 5 pm

10 am - 4 pm

Where At:

**Lotus Martial Arts
Academy**

**212 W. 2nd Avenue
Spokane, WA 99201**

All Levels Welcome

Beginner to Advanced

Discounts for Law Enforcement & Military

For more information:

Contact Ajarn Roy Harrington at 509-624-9129

or

Sensei Gene Villa at 509-309-2978 or

genev@spokanekarate.com



Lotus Martial Arts Academy Presents Grandmaster Bram Frank Modular Blade Concepts Seminar

SEMINAR REGISTRATION FORM

Name _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

Rank _____ Instructor's Name _____

Mark Appropriate Boxes:

Early Registration before September 30th

Individual Training Days

- | | |
|---|----------|
| <input type="checkbox"/> Friday Only | \$50.00 |
| <input type="checkbox"/> Saturday or Sunday per day | \$75.00 |
| <input type="checkbox"/> All 3 Days of Training | \$150.00 |

Registration Fees after September 30th

Individual Training Days

- | | |
|---|----------|
| <input type="checkbox"/> Friday Only | \$65.00 |
| <input type="checkbox"/> Saturday or Sunday per day | \$90.00 |
| <input type="checkbox"/> All 3 Days of Training | \$180.00 |

Method of Payment: _____ Check Enclosed or _____ Debit/Credit Card
(Make checks payable to Lotus Martial Arts Academy)

Visa/Mastercard # _____ Exp. Date _____

Waiver

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the Modular Blade Concepts Seminar being held on October 6th through October 8th, 2017. I do hereby assume full responsibility for any and all damages, injuries or losses, I may sustain or incur, if any while attending or participating and hereby waive any and all claims against the directors of said Seminar Bram Frank, Roy Harrington, any and all directors, agents or employees of Lotus Martial Arts Academy individually, in full or otherwise for any claim of injuries that I may sustain. I also state that I have no medical problems including but not limited to heart conditions, epilepsy, hernias, etc. I fully understand that any medical treatment given to me will be of First Aid type only, and I fully waive all claims for injuries or damages which may result from such treatment, whether given with or without my express consent. I consent that any photographs or video recordings furnished by me or taken of me in connection with Modular Blade Concepts Seminar can be used for any publicity, promotion, or television showing, and I waive any compensation in regards thereto. I have read and fully understand the statements in the preceding waiver and acknowledge the complete acceptance of same.

Participant Signature _____

Date _____

Parent or Guardian Signature _____

Date _____