

## ABK Event Registration Form

**Eligibility:** age 16 and above

**What:** SELF DEFENSE FOR WOMEN WORKSHOP

**When:** Saturday, April 8, 2-3:30pm

**Where:** Osage Park

**Prepare:** wear comfortable athletic clothing

**Cost:** \$75

**To Register:** Fill out and email this form and Zelle payment to [info@abkdan.com](mailto:info@abkdan.com)

**Participant Name**

**Age**

**Belt Rank**

**Parent Name  
(if minor)**

**Address**

**Cell Phone**

**Emergency Contact  
Name and Phone#**

**Physician  
Name and Phone#**

**Special Medical  
or Other Notes**

I hereby authorize the staff of ABK of Danville to act for me according to their best judgement in any emergency requiring medical attention, and hereby waive liability for any injuries or illness incurred while participating in activities at ABK of Danville.

I authorize ABK of Danville to publish photographs taken of myself or the participant for use in print, online and video-based marketing materials, as well as other company publications and I understand that I will not receive any financial compensation. I hereby release and hold harmless from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I understand that fees are not refundable.

I have read and understood the terms and conditions outlined in this brochure.

**Name  
(Parent if Minor)**

**X**

**Parent Signature (if minor) or Participant Signature**