



SYMPOSIUM REGISTRATION FORM

SIBBA SYMPOSIUM | September 19, 2009 / Forker Bldg, ISU Campus

**PARTICIPANT INFORMATION**

I am a 2009 SIBBA member     I am not a 2009 SIBBA member (please complete membership form on page 3)

				Male or Female
First Name	Last Name	Date of Birth	Phone #	(circle one)
Address	City	State	Zip	
E-mail Address	Martial Arts School	Rank (Belt Level)		

**EQUIPMENT FEES**

The classes below require equipment and advance ordering. If you plan to attend these sessions, please check the appropriate box(es) and follow the instructions for each.

- Bong Sool:** Advance ordering of Bo Staff is required. **Order MUST be postmarked by Friday, Sept 4. Please send \$20.00 per Bo Staff** with your registration and indicate your height for correct Bo Staff size. **My height is:** \_\_\_\_\_  
Your staff will be available at the SIBBA table the day of the event. (Make check payable to SIBBA)
- Board breaking:** ISU Karate Club will be selling boards at the Symposium. Please indicate board type:     Adult     Junior
- Nunchukas:** Master Swalve will be selling foam nunchukas at his session for \$5.00 each.

**REGISTRATION DEADLINE: WED. SEPT. 9 (BO STAFF ORDERS DUE FRI. SEPT. 4)**

Registrations **MUST be postmarked no later than Wednesday 9/9/09**. A **\$10 late fee** will be charged to registrations postmarked after 9/9/09 or to those registering the day of the event. **Registrations received after Wednesday 9/16 will not include lunch.**

**\$20** (includes lunch: sub-sandwich, chips and cookie). Please indicate preference:

- Turkey     Ham     Roast Beef     Veggie

**\$15** (does NOT include lunch)

**\$10 LATE FEE for registrations postmarked after 9/9** (Registrations received after Wed. 9/16 will not include lunch)

**MAKE CHECKS PAYABLE TO SIBBA**

**MAIL REGISTRATION NO LATER THAN WED. 9/9/09 TO:**

Wesley Gee, State of Iowa Black Belt Association, 1526 Thompson Ave., Des Moines, IA 50316

**AUTHORIZATION**

**By signing below, I indicate that I have read the waiver on the following page and agree to its terms.**

Signature of Participant	Printed Name of Participant	Date

***Participants under age 18 must have a parent or guardian complete the following:***

Signature of Parent or Guardian	Printed Name of Parent or Guardian	Date

Phone number where Parent/Guardian can be reached on 9/19/2009	Address and Phone # (if different from participant)

## **SIBBA SYMPOSIUM LIABILITY AND PHOTO WAIVER**

In consideration of being permitted to participate in any way in the 2008 SIBBA SYMPOSIUM and/or being permitted to enter for any purpose the working areas where the Symposium are taking place, the participants and/or parent(s) and/or legal guardian(s) of the minor participant named above agree:

1. The participants and/or parent(s) and/or legal guardian(s) of the minor participant will prior to participating in the below 2008 SIBBA SYMPOSIUM should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that:
  - a. There are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
  - b. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
  - c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
  - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the State of Iowa Black Belt Association and/or SIBBA, Instructors and presenters, and the facilities used by the participant, including the SIBBA Cabinet Members and Chairs, SIBBA members, promoters, lessees of premises used to conduct the 2006 SIBBA SYMPOSIUM namely State of Iowa; Board of Regents, State of Iowa; and Iowa State University, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions, their directors, officers, agents, employees, all for the purpose herein referred to as "Releasee" from all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next to kin For any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the events(s) caused alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. I/We HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite the release, the participant makes a claim against any of the Releasees, the participants, parents(s) and/or legal guardian(s) of minor participants will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

BY AGREEING TO PARTICIPATE, I AM GRANTING MY PERMISSION (BOTH DURING AND ANYTIME AFTER), TO STATE OF IOWA BLACK BELT ASSOCIATION TO USE MY LIKENESS, NAME, VOICE AND WORDS IN TELEVISION, RADIO, FILM, NEWSPAPERS, MAGAZINES AND OTHER MEDIA, AND IN ANY FORM, FOR THE PURPOSE OF ADVERTISING OR COMMUNICATING THE PURPOSES AND ACTIVITIES OF SIBBA AND/OR APPLYING FOR FUNDS TO SUPPORT THOSE PURPOSES AND ACTIVITIES.

*After reading, please sign Authorization on first page.*



YOU MUST BE A 2009 SIBBA MEMBER TO ATTEND THE SYMPOSIUM. IF YOU ARE NOT ALREADY A 2009 MEMBER, PLEASE SUBMIT THIS FORM AND PAYMENT ALONG WITH YOUR SYMPOSIUM REGISTRATION.

## MEMBERSHIP APPLICATION

**DUES:**  Non-Black Belt - \$20     Black Belt - \$40  
 Family - \$80     Lifetime Membership - \$400/individual, \$800/family  
 All Ranks, Academic Student (K-12/College Student) - \$20

**New Member (e.g. never been a member)**     **Renewal**

*Please Note: Dues are for one calendar year only (Jan. 1 - Dec. 31). Membership must be renewed each year unless you have paid a lifetime membership. Dues are tax-deductible.*

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ New Address?  Yes  No

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone: home ( \_\_\_\_ ) \_\_\_\_\_ work ( \_\_\_\_ ) \_\_\_\_\_ cell ( \_\_\_\_ ) \_\_\_\_\_

If applying for Family Membership, please list family members:

\_\_\_\_\_

Circle One: Taekwondo / Judo / Hapkido / Other \_\_\_\_\_ Rank \_\_\_\_\_ Rec'd \_\_\_\_\_ / \_\_\_\_\_  
mo yr

Name of Instructor \_\_\_\_\_ Club \_\_\_\_\_

Are you the head instructor of a club?  Yes Club Name: \_\_\_\_\_

### NAMETAGS FOR BLACK BELTS

\_\_\_ I am a new black belt member or have never received a nametag (first-time tag is free). Please order one for me:

\_\_\_ Magnetic\*    \_\_\_ Pin\*

\_\_\_ I would like a magnetic replacement nametag. Enclosed is an additional \$10.00\*

\_\_\_ I would like a pin replacement nametag. Enclosed is an additional \$10.00\*

*\*Please add \$2.00 Shipping & Handling if you would like the nametag mailed to you. Otherwise, the nametags will be available at upcoming tournaments or testings.*

### AN OATH OF MEMBERS

- 1. We as members, train our spirits and bodies according to the strict code of martial arts etiquette.**
- 2. We as members are united in mutual friendship.**
- 3. We as members will comply with the regulations and obey the instructors.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Make checks payable to: S.I.B.B.A.**

**Mail application to:**  
Wesley Gee  
State of Iowa Black Belt Association  
1526 Thompson Ave.  
Des Moines, IA 50316

Cash  \$ \_\_\_\_\_  
Check  # \_\_\_\_\_ \$ \_\_\_\_\_  
Money Order  # \_\_\_\_\_  
\$ \_\_\_\_\_  
Date Received \_\_\_\_\_

*Please Note: There is a \$25 charge per returned check*