



International Martial Arts Council Of America

United States Martial Arts Hall of Fame

National Training Camp 2024



Registration Form and Waiver

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Secondary Contact () _____

Email _____ Date of Birth _____ Age _____

Highest Current Rank _____ Style _____

Instructor / Association _____

Your School Name _____

Address _____ State _____ Zip _____

Registration Fees	Before June 15 (Early Registration)	After June 15	Camp T-Shirt Size (Specify Size)
National Training Camp	\$150	\$175	<i>Included for ALL Early Registrants Only</i>
Hall of Fame Banquet Ceremony	\$ 85	\$ 85	S M L XL 2XL 3XL
Spectator Fee	\$10 / Day Rate \$25 / All-Access		

Waiver and Release Form

Waiver

I, the below-signed individual, voluntarily submit my application for training with the International Martial Arts Council of America (IMAC) and hereby declare that, to the best of my knowledge and ability, the information on this application is true and factual.

Section I.

I, the undersigned, request the privilege of admission to the course organized by The International Martial Arts Council of America, Inc. (IMAC) and the United States Martial Arts Hall of Fame (USMAHOF) and given at the above-mentioned place and time. I understand that the classes taught in this seminar are martial arts-oriented involving strenuous exercise and physical contact. I understand that martial arts and related defensive tactics are inherently dangerous and I could face severe injury or death from participation in this event. I further understand that neither IMAC, USMAHOF, nor the organizers of this seminar offer any insurance or guarantees of any sort, nor subscribe to any insurance against illness or injuries to the course participants or damage to their property. In consideration of the privilege of being admitted to participate in the course, of receiving the provided instruction, and of using the host organization's installations for the duration of the seminar and/or banquet activities, I hereby declare that I will personally assume all responsibility concerning any illness or injury that I may incur or that may be inflicted on me by others during the course, be it on or off the premises, before, after, during or between sessions or at the banquet. I hereby hold immune and release IMAC, USMAHOF, John Terry, its directors, employees, agents, and representatives, and The Orleans Hotel & Casino (Las Vegas) from all responsibility, accountability, and any reparations concerning personal injuries, lawsuits, damages, losses of any nature whatsoever, in law and equity, relative to the activities mentioned above. I hereby agree and engage, in the name of my heirs and beneficiaries, never to pursue, legally or in equity IMAC, USMAHOF, John Terry, employees, agents or representatives, or The Orleans Hotel & Casino (Las Vegas) in relation to such illnesses, injuries, lawsuits, damages, responsibilities, accountabilities, reparations or losses. Your signature below also shall act as an image release allowing photos or videos taken to be used in promotional material.

Initial _____

TO ATTEST TO THIS, I have signed this document and declare that I have read it and understand it.

Signature _____

Date _____

Signature of Parent or Guardian _____
(If participant is under 18 years of age)

Date _____

Remit Payment Info on Page Two

Camp Merchandise Order Form

Camp Merchandise & Attire

<input type="checkbox"/>	IMAC Patch	\$ 10	
<input type="checkbox"/>	Hall of Fame Patch	\$ 10	
<input type="checkbox"/>	Camp T-Shirt (S M L XL 2XL 3XL)	\$ 30	Add \$5.00 for 3XL (T-Shirt Included w/Early Registration)
<input type="checkbox"/>	IMAC T-Shirt (S M L XL 2XL 3XL)	\$ 30	Add \$5.00 for 3XL
<input type="checkbox"/>	HOF T-Shirt - Navy (S M L XL 2XL 3XL)	\$ 30	Add \$5.00 for 3XL
<input type="checkbox"/>	All 3 T-Shirt Combo (S M L XL 2XL 3XL)	\$ 75	Add \$15.00 for 3XL
<input type="checkbox"/>	CMAC Polo - Red (S M L XL 2XL 3XL)	\$ 45	Add \$5.00 for 3XL
<input type="checkbox"/>	IMAC Polo - Black (S M L XL 2XL 3XL)	\$ 45	Add \$5.00 for 3XL
<input type="checkbox"/>	HOF Polo – Blue (S M L XL 2XL 3XL)	\$ 45	Add \$5.00 for 3XL
<input type="checkbox"/>	Black Belt Leadership (Autographed Book)	\$ 20	

Join (or renew your membership in) the International Martial Arts Council of America

<input type="checkbox"/>	Individual (Student) Membership (w/certificate)	\$ 50	Rank / Style : _____
<input type="checkbox"/>	Black Belt Membership (w/certificate)	\$100	Rank / Style : _____
<input type="checkbox"/>	IMAC Rank Registration Certificate	\$ 50	Rank / Style : _____
<input type="checkbox"/>	Certified Instructor Certificate (1 st -4 th Dan)	\$ 75	Rank / Style : _____
<input type="checkbox"/>	Certified Master Instructor Certificate (5 th Dan +)	\$100	Rank / Style : _____

Certificates Must Be Approved by the Council Before Being Issued – Proof of Rank is Required

IMAC International Rank Registry

<input type="checkbox"/>	International Black Belt Certificate	\$ 150	Rank / Style : _____
<input type="checkbox"/>	International Instructor Certificate	\$ 150	Rank / Style : _____
<input type="checkbox"/>	International Master Instructor Certificate	\$ 150	Rank / Style : _____
<input type="checkbox"/>	International Grandmaster Certificate (8 th Dan +)	\$ 175	Rank / Style : _____
<input type="checkbox"/>	International Sokeship Certificate (Founder/Inheritor)	\$ 200	Rank / Style : _____

Certificates Must Be Approved by the Council Before Being Issued – Proof of Rank is Required

Merchandise Total \$ _____

Registration Total \$ _____

TOTAL ORDER: \$ _____

Make Checks Payable To: “International Martial Arts Council of America” (IMAC)

[] Send me a Paypal Invoice Email Address for Invoice: _____

[] Please charge my VISA/Mastercard/Discover/AMEX.

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____ / ____ CSV: _____ (3 or 4 digit code)

Name on Card: _____ Signature: _____

Billing Address for Credit Card: _____

International Martial Arts Council of America, Inc. • 314 Quail Creek Rd • Hot Springs AR 71901