



# International Martial Arts Council Of America

## United States Martial Arts Hall of Fame

### National Training Camp & Defensive Tactics Instructor Course



### 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 \_\_\_\_\_

**[ ] Defensive Tactics Instructor Course Participants** *(Please provide the following additional information)*

Are you a sworn officer? Y N If Yes, which department \_\_\_\_\_

Rank \_\_\_\_\_ Occupation / Position \_\_\_\_\_

Are you active duty military? Y N Are you reserve military Y N Branch \_\_\_\_\_

Current duty station \_\_\_\_\_ Occupation / Position \_\_\_\_\_

Previous defensive tactics training \_\_\_\_\_

**Certification:** You will be certified as a Defensive Tactics Instructor through The International Martial Arts Council. Certification is good for two years and must be renewed in order to be recognized by IMAC.

**Registration Fees**

	Before July 20	After July 20
<input type="checkbox"/> National Training Camp	\$125	\$150
<input type="checkbox"/> National Kid's Camp	\$100	\$125
<input type="checkbox"/> Defensive Tactics Instructors Course	\$175	\$200
<input type="checkbox"/> Hall of Fame Banquet & Awards Ceremony	\$ 50	\$ 60

**Join the International Martial Arts Council of America**

<input type="checkbox"/> Individual Membership (w/certificate)	\$ 25	Rank / Style : _____
<input type="checkbox"/> Black Belt Membership (w/certificate)	\$ 50	Rank / Style : _____
<input type="checkbox"/> IMAC Rank Registration	\$ 25	Rank / Style : _____
<input type="checkbox"/> Certified Instructor Certificate (1 <sup>st</sup> -4 <sup>th</sup> Dan)	\$ 50	Rank / Style : _____
<input type="checkbox"/> Certified Master Instructor Certificate (5 <sup>th</sup> Dan +)	\$ 75	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	\$ 125	Rank / Style : _____
<input type="checkbox"/> International Instructor Certificate	\$ 125	Rank / Style : _____
<input type="checkbox"/> International Master Instructor Certificate	\$ 125	Rank / Style : _____
<input type="checkbox"/> International Grandmaster Certificate (8 <sup>th</sup> Dan +)	\$ 150	Rank / Style : _____
<input type="checkbox"/> International Sokeship Certificate (Founder/Inheritor)	\$ 150	Rank / Style : _____

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

Total \$ \_\_\_\_\_ Make Checks Payable to "International Martial Arts Council". See Page 2 if Paying by Credit Card

**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, 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 the 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 The International Martial Arts Council, nor the organizers of this seminar offer any insurance or guarantees of any sort, nor subscribe to any insurance against 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, I hereby declare that I will personally assume all responsibility concerning any 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. I hereby hold immune and release, The International Martial Arts Council, Marty Cale, its directors, employees, agents and representatives 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 The International Martial Arts Council, Marty Cale, employees, agents or representatives in relation to such injuries, lawsuits, damages, responsibilities, accountabilities, reparations or losses. Your signature below also shall act as an image release allowing photos taken to be used in promotional material.

**Section II. Sworn Officers – read and initial**

All techniques, principles and philosophies presented in this course are designed to be used as a supplement to department based defensive tactics training. As a professional officer you MUST follow your department policy regarding use of force and permissible techniques. At no time should you violate city, county, or state policy by using techniques not endorsed by same. The International Martial Arts Council, Marty Cale, its/their directors, employees, agents and representatives will not be held responsible for violation of any policy.

**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** \_\_\_\_\_

**If Paying by Credit Card**

VISA/Mastercard Name on Credit Card: \_\_\_\_\_

Discover Credit Card # \_\_\_\_\_

American Express Expiration Date: \_\_\_\_ / \_\_\_\_ CSV # \_\_\_\_\_

CSV Number is the 3-digit number on the back of your VISA/Mastercard or Discover Card, or the 4 digit number on the front of your AMEX

Amount Authorized: \$ \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Return Completed Form To:** International Martial Arts Council  
2914 North College #3  
Fayetteville AR 72703

**Questions?**  
P 479-270-1190  
E [ProfCale@aol.com](mailto:ProfCale@aol.com)