

# United States Martial Arts Association

## National Training Camp

### Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Martial Art Rank(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### Martial Arts Background

Name of Instructor: \_\_\_\_\_ Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

School Telephone: \_\_\_\_\_ School Email: \_\_\_\_\_

Martial Arts Style(s): \_\_\_\_\_

### Camp Fee

Full 3 Day Camp: \$150 per person

1 Day Camp: \$75 per day per person

Total Payment: \$ \_\_\_\_\_

Make Checks Payable to: **Gary Jameson**

Send Payment to:

Gary Jameson

2901 S. Brentwood Blvd

Brentwood, MO 63144

314-961-4235

## United States Martial Arts Association (USMAA) Training Camp Waiver

I, as the undersigned, hereby waive all claims against any or all persons and groups associated with the United States Martial Arts Association National Training Camp or anyone connected with any of the aforementioned entities for any injuries, damages or losses sustained by me in connection with any participation in the United States Martial Arts Association National Training Camp. I hereby assume all risk of physical and mental injuries, disabilities, and losses which may result from or in connection with my participation in the United States Martial Arts Association National Training Camp. I consent to the use by the United States Martial Arts Association National Training Camp of my name, likeness, voice, poses, pictures and biographical data concerning fully or in parts, in any form or language, without limitation, for television, radio, video, or any other media, and I do hereby waive any compensation in regard thereof as well as any future rights to the aforementioned. I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate. I have read and fully understand this waiver.

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Signature of Participant

Date

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Signature of Parent or Legal Guardian  
if under 18 years of age

Date