



# SOCIETY OF BLACK BELTS of AMERICA

Founder - SOKE Robert L. Murphy (1937-2007)

Dr. Christopher M. Viggiano ~ Hanshi :: SOBBA Executive Director



Dr. Mark Wiley :: SOBBA Advisor & PA Representative

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## EDUCATIONAL WORKSHOPS AND INDUCTION BANQUET

Saturday, May 4th, 2019

### APPLICATION AND WAIVER FORM

Name: \_\_\_\_\_ Age: \_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_  
 School Address: \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_\_

### \*\*\*\*\* WAIVER \*\*\*\*\*

I, the Undersigned, do hereby voluntarily submit my application for attendance and participation in the **“SOBBA Educational Workshops”**, on **Saturday May 4<sup>th</sup>, 2019** at the **Lai Lai Garden Restaurant** 1144 DeKalb Pike, Blue Bell, PA 19422

I do, hereby, for myself, my executor(s), and my heirs waive, indemnify, hold harmless any and all persons, presenters, hosts, and volunteers connected with said seminars: **Society of Black Belts of America (SOBBA), Beng Hong Athletic Association, Tambulimedia and/or Lai Lai Garden**, for any liability or injury I may sustain from my attending & participating in said event. I assume all responsibility for any actions direct or indirect from attending, participating, coming to, or leaving said event. I certify that I have no injuries or physical disabilities for which I have been medically advised not to participate, and that I am in good health.

I consent that photographs or video recordings of me may be used by and for the media, and I waive any/all compensation in regards thereto.

Finally, I have read the above waiver and release, and, I further understand that I am giving up substantial rights by signing this waiver, and do so voluntarily.



Date: \_\_\_\_\_, 2019

Signature of Participant: \_\_\_\_\_  
(PARENT / GUARDIAN SIGNATURE: IF UNDER 18 YRS OF AGE)