



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 st -4 th Dan)	\$ 50	Rank / Style : _____
<input type="checkbox"/> Certified Master Instructor Certificate (5 th 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 th 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