



**INTERNATIONAL MARTIAL ARTS COUNCIL OF AMERICA**  
*Professor John L. Terry, III – President*  
 314 Quail Creek Road  
 Hot Springs AR 71901



## BLACK BELT TESTING APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Style/System: \_\_\_\_\_ Current Rank: \_\_\_\_\_

Senior Instructor: \_\_\_\_\_ Their Rank: \_\_\_\_\_

Last Testing Date: \_\_\_\_\_ Location: \_\_\_\_\_

Rank You Are Testing For Advancement In: \_\_\_\_\_

Other Styles (and Rank Held): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Association / Affiliations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a School Owner? [ ]Yes [ ]No If YES, Where: \_\_\_\_\_

If NO, where are you currently training? \_\_\_\_\_

Senior Instructor: \_\_\_\_\_ Their Rank: \_\_\_\_\_

*(Continued on Page 2)*

*Uniting martial artists of all styles from around the world...*

*Phone*  
479-970-2079

*Website*  
[www.imacusa.com](http://www.imacusa.com)



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Are you actively teaching classes? [ ]Yes [ ]No If YES, Where: \_\_\_\_\_

If YES, Describe your duties as an instructor or assistant instructor: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any impairments that limit your ability to perform? [ ]Yes [ ]No If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LIABILITY WAIVER:** I, the below-signed individual, voluntarily submit my application for testing before 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. I acknowledge I am of sound mind and body and able to perform to the best of my ability, and voluntarily present myself for consideration for rank advancement. I understand that testing is an opportunity to demonstrate my proficiency in consideration for rank advancement, but advancement or promotion is not guaranteed. 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 testing. 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 injuries to the course participants or damage to their property. In consideration of the privilege of being admitted to present myself for rank advancement, and of using the host organization's installations for the duration of the examination, 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 this examination, be it on or off the premises, before, during, or after this testing opportunity. I hereby hold immune and release IMAC, USMAHOF, John Terry, its directors, employees, agents and representatives and the host facility 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 host facility 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.

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Please complete this form and remit with the applicable testing fee. Please make checks payable to "IMAC".*

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