

LUCKY PHILLIPS AND THE SPRINGFIELD KARATEDO BUDOKAI
ARE PLEASED TO ANNOUNCE

HANSHI PHILLIP W. KOEPPEL
8TH DAN, MATSUMURA SEITO SHORIN RYU KARATEDO

**WILL BE TEACHING A KARATE SEMINAR AT THE SPRINGFIELD KARATEDO
BUDOKAI, 3386 WINCH ROAD, SPRINGFIELD, IL 62707**

Saturday, April 17, 2010, 10:00AM to 2:00 PM
(Lucky's "world famous chili" will be served for lunch.)

Cost is \$35 in advance or \$40 the day of the seminar.

Make checks payable to Lucky J. Phillips.

**Contact Lucky J. Phillips at 217-793-1827 or
luckyphillips@luckyphillipsconstruction.com**

To participate, please complete and return the following:

PARTICIPANT'S NAME _____ PHONE # _____
ADDRESS _____
CITY _____ STATE & ZIP _____
EMAIL _____
SCHOOL _____ TEACHER _____

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, do hereby voluntarily submit my application for participation in the karate seminar presented at the Springfield Karatedo Budokai, 3386 Winch Road, Springfield, IL 62707 featuring Hanshi Phillip W. Koeppel on April 17, 2010. I do hereby assume full responsibility for any and all damages, losses, injuries, illness or death that I may sustain or incur, if any, while attending or participating in said Karate seminar. I do hereby further agree to indemnify and hold harmless: Springfield Karatedo Budokai, Lucky J. Phillips, Phillip W. Koeppel, United States Karate-Do Kai, and all officers, shareholders, agents, employees and representatives of said organizations, event officials, promoters, operators, or Directors of said event individually or otherwise for any claims or injuries that I may sustain.

I represent to all of the afore mentioned that I am in good physical health, and that I have no disability, impairment, illness or ailment preventing me from participating in said karate seminar.

I fully understand that any and all medical aid or treatment administered to me as a result of any injury will be of a first aid nature only.

I have read and fully understand all the terms and conditions and I voluntarily agree to the entire liability waiver.

SIGNATURE _____ DATE _____

PARENT OR GUARDIAN IF UNDER 18