

**THE SPRINGFIELD KARATEDO BUDOKAI IS PLEASED  
TO ANNOUNCE THAT LUCKY PHILLIPS WILL BE  
CONDUCTING A KARATE SEMINAR PRESENTING  
THE CONCEPTS AND PRINCIPLES CONTAINED  
WITHIN THE KATA AND WAZA OF  
SEITO MATSUMURA RYU KOEPEL HA KARATEDO**

**LOCATION: 3386 WINCH ROAD, SPRINGFIELD, IL 62707**

**Saturday, May 10, 2025, 10:00AM to 1:00 PM**

("Lucky's world famous chili" will be served after the seminar)

**The cost is \$35 in advance and \$40 the day of the event.**

**Make checks payable to Lucky J. Phillips**

**For more information contact Lucky J. Phillips at 217-793-1827 or  
ljp442@comcast.net**

**To participate, please complete and return the following:**

PARTICIPANT	_____	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 Lucky J. Phillips on May 10, 2025. 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, 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***