

**Houston San Shin Kai Seminar Registration Form**  
**(DEADLINE is January 9th)**

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

Any health issues: \_\_\_\_\_

Rank & organization \_\_\_\_\_

Fees – **make checks payable to Craig Hocker**

mailing address: 1019 Woodland St. , Houston, TX 77009

**SEMINAR FEE \$80**

**No sharpened blades allowed without explicit permission.**

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**PLEASE READ & SIGN WAIVER AND RETURN WITH PAYMENT**

**Release from Liability and Assumption of Risk**

The Undersigned desires to learn the art of laido, notwithstanding his/her awareness of the possibility of incurring injury in the course of such study. The Undersigned, therefore, in consideration of being accepted as a Participant in such study by *Houston San Shin Kai and the North American San Shin Kai*, hereby assumes all risks of personal injury (whether anticipated or unanticipated) resulting from his/her participation in this seminar and in the study and the practice of laido. The Undersigned further agrees to hold Craig Hocker, Roger Wehrhahn, *Houston San Shin Kai, Safety America Center, Hope Stone, Inc., North American San Shin Kai* and their officers, instructors and agents harmless from any liability resulting from such study and practice.

I have read the assumption of risk above and I accept all of the terms stated therein.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant (or Parent/Guardian)

\_\_\_\_\_  
Date