

# Gathering Class

Instructors Mr. Alan Henderson, Ms. Denise Plowman, Ms. Jamie Collins  
Sunday, November 12th, 2023 Time: 10:30 am - 2:30 pm

Individual Registration Form (Please print legibly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

AKTS Member #: \_\_\_\_\_ Gender: \_\_\_\_\_ Rank: \_\_\_\_\_ Instructor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Investment-\$50**

**Please Remit Check/Money Order to: Franklin Family Karate**  
**Franklin Family Karate**  
**25 Kenwood Circle**  
**Franklin, MA 02038**

I, the undersigned, agree that I am physically fit to participate in this event. I acknowledge the existence of certain risks of personal injury in participation in this physically demanding event and that I assume this risk freely and voluntarily and with liability to Advance Kenpo Training System, LLC/Franklin Family Karate, LLC, it's owners, their instructors, students, or participants and hereby release all the foregoing parties from all liability arising out of injuries incurred to myself at this event. I here authorize staff at Advanced Kenpo Training System, LLC/Franklin Family Karate, LLC, to act for me according to their best judgment in any situation requiring medical attention and hereby waive and release illnesses incurred while at the Gathering. The Gathering is not responsible for personal items that are lost, stolen, or damaged. Any medical expenses incurred will be the sole responsibility of the participant and their family. I also understand Advanced Kenpo Training System, LLC/Franklin Family Karate, LLC, reserves the right to use any photographs, video tapes or any other record of this event for publicity, advertising or any other purpose. Any controversy arising out of violations of Federal and/or State law, as well as any common law claims be settled by arbitration. This agreement shall be constructed and interpreted under the laws of the State of Massachusetts.

Participant's  
Signature \_\_\_\_\_ Date \_\_\_\_\_