

USA WADO-RYU KARATE
MASTER'S SEMINAR 2010

Hanshi-Shihan Masafumi Shiomitsu, 9th Dan

Sunday, January 31, 10am - 11:30am

**@27601 Forbes Road #41 Laguna Niguel, 92677
(949-233-2691)**

Monday, February 1, 7pm - 8:30pm

**at Torrance YMCA
2900 West Sepulveda Blvd, Torrance, 90505**

**Fee: \$30.00 one seminar, two for \$50.00
Family rate: 2 for \$50.00, 3 for \$70.00**

Sensei Shiomitsu is the founder and Chief Instructor of the Wado-Ryu Karate-Do Academy, and he is recognized world-wide as a great authority on Karate. He is based in London, England, but spends much of his time instructing at Wado-Ryu karate clubs all over the world, including European countries, the USA, and Australia.

Sensei Shiomitsu's natural ability at Wado-Ryu led to him being chosen by Sensei Ohtsuka as one of the karate instructors to take Wado-Ryu karate outside of Japan. In 1965 Sensei Shiomitsu traveled to England, where he was appointed assistant Chief Instructor. He then spent the next 10 years visiting and staying in different countries throughout the world, including France, Spain, Portugal, and even Madagascar, teaching Wado-Ryu karate. In 1976 he returned to England in his original position.

In 1989, Sensei Shiomitsu founded the Wado-Ryu Academy, an association of dozens of Wado-Ryu karate schools all around the world. He is now a 9th-degree black belt in Wado-Ryu karate and has the title of "Hanshi." He is a remarkable instructor with a great gift for teaching and energizing all karate students.



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Participant's Name: _____

Address: _____

Phone #: _____

HOLD HARMLESS AGREEMENT

I, _____, the undersigned, do hereby:
RELEASE, DISCHARGE AND COVENANT NOT TO SUE and voluntarily submit my application for participation and attendance in Master's Seminar on January 31 & February 1 2010 and hereby release all rights or claims for any injuries, loss of or damage to personal property that I may incur while attending and participating in the aforementioned clinic. I hereby waive any and all claims against USA Wado-ryu Karate-do Renmei, Three Flags Center, YMCA, any officials, agents, representatives, successors and assignees of those individuals or organizations arranging or conducting said seminar. (If under 18 years of age, this release and consent must also be signed by parent or guardian.)
I have read this document and I understand that it is a release of all claims. I understand and assume all risk inherent in all the activities and events in connection with the clinic. I voluntarily sign my name evidencing my acceptance of the above provisions.

Signature of Participant (Parent or Guardian's signature if under 18) _____
Date