



**Ocean State Shaolin, LLC**  
Event Registration Form

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***2025 Memorial Day weekend Seminar with Shifu Guolin***

**Location of Event:** 716 Centre of New England Blvd, Coventry, RI 02816

**Contact Information:** 401 702-4243; oceanstateshaolin@gmail.com

**Event Dates:** Saturday May 24 and Sunday May 25, 2025. 9:30am-5pm.

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex:  Female  Male

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

**Emergency Contact Info**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

**Payment Information** *Make checks payable to **Ocean State Shaolin***

check  credit card  cash Amount paid: \_\_\_\_\_

Please fill out one registration form per participant. If participant is under the age of 18 years, then a parent or guardian must sign the attached agreement and waiver.

## **PARTICIPANT AGREEMENT, RELEASE, WAIVER, AND ACKNOWLEDGMENT OF RISK**

Ocean State Shaolin, LLC (hereinafter referred to as OSS) has taken reasonable steps to provide appropriate equipment, facilities and/or skilled instructors for participants so that they can enjoy an activity of martial art for which they may not be skilled. In consideration of the services of OSS, its agents, owners, officers, employees and all other persons or entities in any capacity on its behalf, I hereby agree to release and discharge OSS, on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

1. I understand and acknowledge that participating in martial art activity entails known risks and unanticipated risks, which could result in injury, death, illness, disease, emotional distress, or damage to myself, to property or to third parties.
2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.
3. I hereby voluntarily release and forever discharge, and agree to hold harmless and indemnify OSS from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of or are in any way connected with my participation in this activity, including those allegedly attributable to the negligent acts or omissions of OSS,
4. Should OSS or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
5. I hereby represent that I am capable of participating in martial art activity and I understand that the undertaking of these activities in no way guarantees an improvement in my health, I further certify that I have adequate health, accident and liability insurance to cover any bodily injury or property damage I may cause or suffer while participating in martial art activity, or else I agree to bear the costs of such injury or damage myself.

### **Photo, Audio and Video Consent and Waiver**

I understand, that by participating in this seminar, I am entering an area where photography, audio and video recording may occur. I further understand that my presence and participation at this event constitutes my consent to be photographed, filmed, and/or otherwise recorded and to the release, publication, exhibition, or reproduction of any and all recorded media of my appearance, voice, and name for any purpose whatsoever in perpetuity in connection with Ocean State Shaolin, LLC and its initiatives, including, by way of example only, use on websites, in social media, news and advertising.

I waive and release any claims that I may have related to the use of recorded media of myself at this event, including, without limitation, any right to inspect or approve the photo, video or audio recording of myself, any claims for invasion of privacy, violation of the right of publicity, defamation, and copyright infringement or for any fees for use of such record media.

I understand that all photography, filming and/or recording will be done in reliance on this consent.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I will have no right to make a claim or file a lawsuit against OSS and its agents, owners, officers, employees, or any other person or entity acting in any capacity on its behalf even if they or any of them negligently caused such injury or damage.

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Signature of Applicant or  
Parent/Guardian if under 18 years old

Print Name

Date