



# BOB NASH WADOKAI SEMINAR

**Madrid - Spain November 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> 2019**

Organized by: Club Wadokai

## Inscription Form

Date of Born: \_\_\_\_\_ Passport ID: \_\_\_\_\_

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Degree / Belt Rank \_\_\_\_\_

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

**Seminar Fee: 65€** (Meals and accomodation are not included)

Preferred payment by bank transfer to: CLUB WADO KAI, Concept: Bob Nash Seminar  
**IBAN ES46 2038 17 6656 6000487361**

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### ASSIGNMENT AGREEMENT WAIVER OF LIABILITY AND INDEMNITY

*I, the undersigned, will participate in the Technical Seminar with Bob Nash Sensei and Miguel Angel Basquero Sensei organized by the Club Wado-Kai of Spain. I hereby fully understanding and knowing of the risks and dangers associated with participation in this event and martial arts activities that may result in injury, or partial paralysis and even death. I accept these risks (current and future) and disclaim all responsibility and expenses (including but not limited to attorneys' fees, claims for damages, medical expenses and other litigation costs, etc..) to the organization, management, instructors and participants at the seminar or anyone who may be involved in the seminar and associated activities. I also hereby declare to have my own sports medical insurance. I fully understand the assignment agreement and waiver of liability and indemnity signed below:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fill the form and sent it back to: [nash.spainseminar@wadokai.es](mailto:nash.spainseminar@wadokai.es)