

LUCKY PHILLIPS AND THE SPRINGFIELD KARATEDO BUDOKAI  
ARE PLEASED TO ANNOUNCE

**HANSHI PHILLIP W. KOEPPEL**  
**10<sup>TH</sup> DAN MATSUMURA SEITO SHORIN RYU KARATEDO**

WILL BE TEACHING A KARATE SEMINAR AT THE SPRINGFIELD KARATEDO  
BUDOKAI, 3386 WINCH ROAD, SPRINGFIELD, IL 62707

Saturday, April 22, 2017, 10:00AM to 2:00 PM  
("Lucky's world famous chili" will be served after the seminar)

**The cost is \$35 in advance and \$40 the day of the event.**  
**Make checks payable to Lucky J. Phillips**  
**For more information contact Lucky J. Phillips at 217-793-1827 or**  
**luckyphillips@luckyphillipsconstruction.com**

**To participate, please complete and return the following:**

PARTICIPANT'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_  
SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

***WAIVER AND RELEASE OF LIABILITY***

I, the undersigned, do hereby voluntarily submit my application for participation in the karate seminar presented at the Springfield Karatedo Budokai, 3386 Winch Road, Springfield, IL 62707 featuring Hanshi Phillip W. Koeppel on April 22, 2017. I do hereby assume full responsibility for any and all damages, losses, injuries, illness or death that I may sustain or incur, if any, while attending or participating in said Karate seminar. I do hereby further agree to indemnify and hold harmless: Springfield Karatedo Budokai, Lucky J. Phillips, Phillip W. Koeppel, United States Karate-Do Kai, and all officers, shareholders, agents, employees and representatives of said organizations, event officials, promoters, operators, or Directors of said event individually or otherwise for any claims or injuries that I may sustain.

I represent to all of the afore mentioned that I am in good physical health, and that I have no disability, impairment, illness or ailment preventing me from participating in said karate seminar.

I fully understand that any and all medical aid or treatment administered to me as a result of any injury will be of a first aid nature only.

**I have read and fully understand all the terms and conditions and I voluntarily agree to the entire liability waiver.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*PARENT OR GUARDIAN IF UNDER 18*