



hosted by: 

IDAHO
TAEKWONDO
TRAINING CENTER

44th Korean Martial Arts Summer Camp

August 2–4, 2019 • Boise, ID • 208.386.9408 • LDuke45534@aol.com

GENERAL INFORMATION

Hosted by:

Idaho Taekwondo
Training Center
1804 Broadway Ave.
Boise, ID 83706
208.386.9408
LDuke45534@aol.com

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Supported by:

The University of
California at Berkeley
Martial Arts Program
145 Recreational
Sports Facility
2301 Bancroft Ave.
Berkeley, CA 94720

*“Celebrating 50 years
of martial arts
education and
leadership.”*

The **44th annual Korean Martial Arts Summer Camp** will expose participants to elite training in Taekwondo, Yongmudo (Korean self-defense) and Judo. Camp Director **Grandmaster Larry Duke**, 8th Dan, welcomes you to the ITTC and being part of this rich martial arts training and learning tradition:

“We are excited to bring a world class coaching staff to Idaho this summer and offering the best experience for all camp participants — from first timers trying new martial arts to the elite level competitor wanting to improve on your skills.”

The KMASC began in 1976 at the University of Montana and continues to be hosted in California, Idaho, Montana, and Wyoming. This year’s instructional staff is again under the direction of camp founder and 9th Dan Grandmaster **Dr. Ken Min**, *Professor Emeritus* at the University of California at Berkeley.

Questions? Additional camp information is on Facebook. And, feel free to call or email us at any time. Our goal is to offer you an exceptional training experience.

CAMP SCHEDULE

(NOTE: Schedule is subject to change!)

Thursday August 1st

Arrival

ITTC Membership

Friday, August 2nd

8 to 9:30am

Taekwondo

Grandmaster Larry Duke

9:30 to 11:30am

Yongmudo

Master Chuck Buhs

12 Noon

L U N C H

1:30 to 3pm

Taekwondo

Grandmaster Larry Duke

4 to 6pm

Taekwondo Black Belt Test

Saturday, August 3rd

8 to 9:30am

Taekwondo

Grandmaster Larry Duke

9:30 to 11:30am

Judo

Master Pete Campbell

12 Noon

L U N C H

1:30 to 3pm

Taekwondo

Grandmaster Larry Duke

4 to 6pm

Yongmudo

Master Chuck Buhs

Sunday, August 4th

8 to 9:30am

Yongmudo

Master Chuck Buhs

9:30 to 12 Noon

Taekwondo

Grandmaster Larry Duke

12 Noon

Closing Ceremony & L U N C H

• • • Depart Camp by 1pm • • •



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Registration Form

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Last Name		First Name		Age	
Address			City	State	Zip
Phone		Email			
Current Martial Arts School					

School Address			City	State	Zip
Instructor's Name					

Martial Arts Experience (mark all that apply)	Years	Rank
Taekwondo		
Yongmudo		
Judo		
Other:		

Choose Your Camp Experience (select one)			
	Full Camp / 3 Days	Friday, Saturday, Sunday	\$150/person
	Two Days	Saturday & Sunday	\$125/person
	One Day	Saturday Only	\$75/person
	Half-Day	Sunday	\$50/person

Send this completed *Registration Form, Release of Liability Form, Health Information and Medical Insurance Form*, and check (made payable to "44th KMASC") to the following address. Reserve your space with a \$100 deposit. **All registration forms and payment balance must be received by August 1.** Mail forms to:

44th KMASC
10257 N. Palisades Way
Boise, ID 83714

If you have any questions, please contact us via phone at 208.386.9408 or email at LDuke45534@aol.com.

For internal use only							
<input type="checkbox"/>	Health/Ins Form	<input type="checkbox"/>	Liability Release	<input type="checkbox"/>	Registration Form		
<input type="checkbox"/>	Check	Check #:	Amount:	Date:	<input type="checkbox"/>	Cash	Amount: Date:



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Waiver of Liability, Assumption of Risk, Release and Indemnification Agreement

• • • • • READ BEFORE SIGNING • • • • •

IN CONSIDERATION OF being allowed to participate in activities and permission to use, today and on all future dates, the property, facilities, staff, equipment, services, and programs at the Idaho Taekwondo Training Center (“ITTC”), conducted at the ITTC, and other locations not named in this *Waiver of Liability, Assumption of Risk, and Release and Indemnification Agreement* (the “Agreement”), Participant, or Minor Participant and his or her legal guardian, as well as Participant’s or Minor Participant’s heirs, assigns, parents, executors, personal representatives, administrators, successors and next of kin, (collectively, “Participant”) **EXPRESSLY AND FREELY AGREE** as follows:

WAIVER. Participant **DOES HEREBY RELEASE, WAIVE, FOREVER DISCHARGE, AND COVENANT NOT TO SUE** the ITTC, the University of California at Berkeley Martial Arts Program (“UCMAP”), the 44th Korean Martial Arts Summer Camp (“KMASC”) or any of the directors, officers, managers, employees, agents, affiliates, attorneys, spouses, heirs, executors, administrators, successors, assigns, organizers, volunteers, sponsors, affiliated organizations, coaches, instructors, trainers or doctors, or any other persons (the “Released Parties”) involved from liability **FROM ANY AND ALL CLAIMS INCLUDING THE NEGLIGENCE OF** the Released Parties, whether foreseen or unforeseen, known or unknown, present or future, resulting in personal injury, accidents, or illnesses (including death), and property loss arising out of, or in any way connected with Participant’s participation in ITTC, UCMAP, and 44th KMASC activities, classes, observation, and use of facilities, premises, or equipment (“Claims”).

ASSUMPTION OF RISK. Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries or damage to or loss of personal property. ITTC has facilities and provides instruction for various physical activities particularly martial arts activities. Some of these activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity that places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, broken bones, and head/brain injury; (3) catastrophic injuries including paralysis and death.

Participation in martial arts is a **DANGEROUS ACTIVITY** that involves known and unknown risks of serious personal injury, including permanent disability or death, and damage to, or loss of, personal property. **By signing this Agreement, Participant agrees that:** (1) Participant is **RESPONSIBLE FOR RESEARCHING** ITTC, UCMAP, and 44th KMASC activities including Taekwondo, Yongmudo, Judo, self-defense, and martial arts training in general; (2) Participant is **RESPONSIBLE FOR EVALUATING** the risks he/she may face participating in ITTC, UCMAP, and 44th KMASC activities; (3) Participant is **RESPONSIBLE FOR HIS/HER OWN ACTIONS** during participation in all ITTC, UCMAP, and 44th KMASC activities; (4) Participant is **AWARE, ACKNOWLEDGES AND AGREES** that by the very nature of martial arts, and the physical contact involved, there is a high risk of injury related to participation. Participant hereby agrees to **ASSUME ALL RISK** of serious personal injury, permanent disability, death, and/or damage to or loss of personal property whether caused in whole or in part by the ordinary **NEGLIGENCE** and/or **FAULT** of the Released Parties or otherwise.

INDEMNIFY, DEFEND, AND HOLD HARMLESS. Participant agrees to **INDEMNIFY, DEFEND AND HOLD HARMLESS** the Released Parties from any and all Claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of Participant’s involvement at ITTC facilities and programs and to reimburse the Released Parties for any such expenses incurred.

PHYSICIAN VERIFICATION. Participant **CONFIRMS THAT PARTICIPANT’S PHYSICIAN HAS EXAMINED PARTICIPANT, CERTIFIED THAT PARTICIPANT IS IN GOOD PHYSICAL CONDITION, AND AUTHORIZES PARTICIPANT TO PARTICIPATE** in ITTC, UCMAP, and 44th KMASC activities. Participant acknowledges that if he/she has any existing injuries or conditions that may affect his/her performance and/or the health or welfare of other persons, Participant cannot participate in ITTC, UCMAP, and 44th KMASC activities without a report from his/her physician authorizing Participant’s participation. Participant verifies that the requisite report is attached to this Agreement. Participant further certifies that no coach, doctor, nurse, athletic trainer or other person has advised Participant not to participate in ITTC, UCMAP, and 44th KMASC activities. **Participant’s signature on this Agreement is confirmation of this examination, certification and authorization.**

AUTHORIZATION FOR MEDICAL TREATMENT. In the event Participant is injured, either at the ITTC, 44th KMASC, or elsewhere during participation in ITTC, UCMAP, and 44th KMASC activities, (1) **PARTICIPANT AUTHORIZES RELEASED PARTIES TO PROVIDE HIM/HER WITH MEDICAL ASSISTANCE AND TREATMENT**; (2) Participant **ACCEPTS FINANCIAL RESPONSIBILITY** for any costs related to that treatment; and (3) Participant **RELEASES, WAIVES AND FOREVER DISCHARGES** the Released Parties, any and all licensed athletic trainers, emergency medical technicians, nurses and doctors from any Claims in any way **CONNECTED WITH SAID MEDICAL ASSISTANCE OR TREATMENT**.

PHOTOGRAPHY, VIDEO, AND PROMOTIONAL RELEASE. Participant hereby gives permission and authorization to ITTC, UCMAP, the 44th KMASC and its designees, agents and applicable media vendors to use and reproduce any still photographs, video tape or any other media forms that include my name or likeness, or the name or likeness of the Participant, and use or reproduce any recording or other media form that includes Participant's voice, in any approved ITTC, UCMAP, or 44th KMASC publication, Website, podcast, audio recording, promotional materials, video medium (including but not limited to video clips) or any other medium. Participant **RELEASES AND HOLDS HARMLESS** ITTC, UCMAP, the 44th KMASC and their designees, agents and applicable media vendors from any and all claims of libel, slander, invasion of the right of privacy or publicity, or any other claim based on the use of Participant's name, likeness or voice, and any and all damages, costs and expenses that may directly or indirectly arise from the use of Participant's name, likeness or voice.

TERMINATION OF PARTICIPATION. Participant understands and agrees to **ABIDE BY ALL POLICIES, RULES, AND REGULATIONS** of the ITTC, UCMAP, and the 44th KMASC including not engaging in inappropriate conduct such as the use of physical or verbal violence. Participant understands that, in its sole discretion, ITTC, UCMAP, 44th KMASC or their representatives **MAY TERMINATE PARTICIPANT'S PARTICIPATION AT ANY TIME** should Participant's actions or general behavior impede the operation of the ITTC, UCMAP, the 44th KMASC or the rights or welfare of any person. Reasons for termination may include — but are not limited to — inappropriate conduct or other behavior by Participant deemed detrimental to the best interests of the ITTC, UCMAP, or the 44th KMASC such as persistent use of vulgar or threatening language; violent physical or verbal outbursts; emergencies; or health or safety considerations.

GOVERNING LAW AND VENUE. This Agreement shall be construed in accordance with, and governed by, the laws of the State of Idaho, without regard to its conflict of law principles. Any dispute or claim arising out of or in any way related to this Agreement shall be submitted to Binding Arbitration in Ada County, Idaho, pursuant to the arbitration rules of the American Arbitration Association or similar arbitration tribunal. An arbitration award rendered pursuant to this provision may be submitted to any court of competent jurisdiction in the United States for entry of judgment on the award. The parties agree that any petition to confirm, correct or vacate an arbitration award may be served by regular mail, and that personal service of any such petitions is waived. The prevailing party in any arbitration arising from any dispute or claim under this Agreement shall be entitled to recover its reasonable attorneys' fees, costs and expenses. **Participant understands that by executing this Agreement, Participant is waiving a constitutional right to a jury trial and waives that right freely and voluntarily.**

SEVERABILITY. The undersigned further expressly agrees that the foregoing Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Idaho, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

ACKNOWLEDGEMENT OF UNDERSTANDING. Participant has read this Agreement and fully **KNOWS, UNDERSTANDS, AND APPRECIATES** these and other risks that are inherent in the activities made possible by the ITTC and UCMAP. Participant hereby asserts that his/her participation is **VOLUNTARY** and that Participant **KNOWINGLY ASSUMES ALL SUCH RISKS**. Participant also understands the terms of this Agreement, and understands that **Participant is giving up substantial rights, including Participant's right to sue**. Participant also understands that entering into this agreement is a condition precedent to and is consideration for the privilege of participating in ITTC and 44th KMASC activities. **Participant acknowledges that he/she is signing this Agreement freely and voluntarily, and intends by his/her signature to be a COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY to the greatest extent permitted by the laws of the State of Idaho.**

Name of Participant — *please print clearly*
Participant's Age (*if Minor*): _____

Signature of Participant (*if 18 years of age or older*) Date
or Signature of Parent/Guardian of Minor

Address of Participant

Telephone

Email



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Health Information and Medical Insurance Form

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Last Name First Name Age

Birth date: _____ Gender: **Male** **Female**

Medical Conditions and Known Injuries (*Attach another sheet if necessary*)

Prescribed Medications (*Remember to bring your prescription medications*)

Known Drug and Food Allergies (*Attach another sheet if necessary*)

Special Needs and Dietary Requirements (*Attach another sheet if necessary*)

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Medical Insurance

Insurance Company Name Policy Number

Insurance Company Emergency Contact Phone Policy Expiration Date

Subscriber's Last Name Subscriber's First Name Relation

Subscriber's Street Address City State Zip

Emergency Contact

Last Name First Name Relation

Address City State Zip

Phone Email

I freely provide this information to the organizers of the 44th Korean Martial Arts Summer Camp, and solely during this event I authorize them to furnish this information to those who may need it to provide me with first aid or medical treatment. I understand that this record will be maintained in confidence by ITTC.

Signature of Participant Date

Signature of Parent/Guardian Date
(If under 18 years of age)