

**SHOGUN**  
INTERNATIONAL



2026

# Shogun International Federation of Martial Arts Clinic



Sponsored  
Shogun International Federation of Martial Arts

## Injury Waiver Registration Form

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Date(s) of Birth (Month/Day/Year): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I/We, the parent(s) or guardian(s) of the above-named participant(s), hereby give approval for participation in the 2025 Shogun International Federation of Martial Arts Clinic. I/We assume all risks incidental to participation and do further release, absolve, indemnify, and hold harmless the Shogun International Federation of Martial Arts, its organizers, sponsors, instructors, agents, and employees. In case of injury, I/We waive all claims against the organizers, sponsors, or supervisors. I/We release responsibility for any person transporting my/our child/children or myself to and from the clinic or activities. A birth certificate may be required upon request.

Parent(s) Signature(s): \_\_\_\_\_ Participant(s) Signature: \_\_\_\_\_

### Clinic Fees

- \$125 Clinic Fee – Individual
- \$250 Clinic Fee – 3 People
- Instructors are free if they bring one participant
- Current federation members receive 15% off

ALL FEES ARE NON-REFUNDABLE  
under any circumstances

**Please send registration form  
and payment to  
Shogun International Federation  
of Martial Arts  
by**

**Questions contact  
Hanshi Gregg Shogun Brown**

Please make payment to: **Shogun International Federation of Martial Arts**

Return Registration Form with payment. Payment types accepted: cash, check, credit card, PayPal.  
Registration will also be available at the door on the day of the event.

Mail to:

Shogun International Federation of Martial Arts  
6300 W 51<sup>st</sup> St  
Mission, KS 66202