

# Karate Tournament Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Age \_\_\_\_\_ Belt \_\_\_\_\_ Sex            F            M

Martial Arts School \_\_\_\_\_ Instructor \_\_\_\_\_

## Waiver Release of Liability

In consideration of the director's permission and acceptance, granted to the competitor to participate in this event, I hereby assume all risks arising from such event and hereby release the director of this event, the owner of the facility, sanctioning body, and their agents and employees from any and all damages, actions, cause of action or demands that I, my heirs, executors, administrators, or assignees may have against all such parties, for all personal injuries known or unknown, which the competitor may incur by participating in the tournament.

I understand that a Martial Arts Event involves significant and substantial physical contact and that the competitor may receive minor to severe injuries as a result.

I have read the release and understand all of its terms. I voluntarily execute it with full knowledge of its significance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature if under 18 \_\_\_\_\_

Mail to: Sensei Steve's Karate Center  
118 E Washington Street  
Momence, IL 60954

Make check payable to SSKC