

MANHATTAN PARK DISTRICT KARATE CHAMPIONSHIPS

April 26, 2015

NAME: _____ PHONE: ()- _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGE: _____ FEMALE: _____ MALE: _____ RANK: _____ BELT COLOR: _____

SCHOOL OR CLUB: _____ PHONE: ()- _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

INSTRUCTOR: _____

PLEASE CHECK DIVISION:

SELF-DEFENSE:() - KATA:() - SPARRING:() - KOBUDO (WEAPONS): ()

I, do hereby voluntarily submit my application for attendance and participation in the Manhattan Park District Karate Championships as shown on the form, and do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating, and I do hereby waive all claims against the promoters, Operators or sponsors of said Manhattan Park District Karate Championships, individually or otherwise, for any claim for injuries that I might sustain.

I fully understand that any medical treatment given me will be of **First Aid Treatment only**. I consent that any pictures furnished by me or any pictures taken of me in connection with this tournament can be used for publicity, promotion, or television showing, and I waive compensation in regard thereto. **I have read and I understand all the terms and conditions. I, voluntarily agree to the entire liability waiver.**

If under 18 years of age, this release and consent form must be signed by a parent or guardian.

Signature of Contestant: _____ Date: _____

Signature of Parent\Guardian: _____ Date: _____