

KYOKUSHIN REGIONAL TOURNAMENT
Assumption of Risk and Release from Liability

In consideration of being allowed to participate in the sport of martial arts, an activity that involves physical contact and potential injury, I **hereby voluntarily assume all risks in participating in the Kyokushin Regional martial arts tournament, including travel to or from participation sites.** I understand that supervision by tournament coordinators is not provided and by participating in this tournament, I am **exposing myself to the risk of injury including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, or spinal injuries, loss of use of arms and/or legs, eye and/or mouth damage, disfigurement or even death.** I am also aware that there are other inherent risks of injuries that may occur by my participation in the Kyokushin Regional tournament that cannot be specifically listed.

I have carefully read the Assumption of Risk and Release from Liability and fully understand its contents. This agreement is between the Kyokushin Regional tournament coordinators, Ellensburg School District officials and employees, and myself, and I have signed the document of my own free will. I hereby release all parties from any and all liability as a result of my participation in the Kyokushin Regional tournament.

Participant Signature: _____ Date: _____

Signature of the Witness to the Signing of this Document: _____

If signee is under the age of 18, parent or legal guardian MUST sign: _____

Tournament Registration

Last Name: _____ First Name: _____ SSN: _____

Address: _____ City: _____ State/Province: _____

Age: _____ yrs Gender: Male Female (circle one) Weight: _____ lbs Height: _____ ft _____ in

Martial Arts System: _____ Dojo: _____ Current Rank: _____ Experience: _____ yrs

Pre-existing Injury (briefly describe): _____

Emergency Contact Person: _____

Name

Phone Number

Medical Insurance Provider: _____ Policy #: _____

NOTE: the tournament coordinators strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We also encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy that will cover injuries or illness that may occur due to participation in activities such as the Kyokushin Regional tournament.

----- Official Use Only -----

Receipt of Payment

Participant: _____ Amount: _____ Collecting Agent: _____