

KYOKUSHIN CHALLENGE TOURNAMENT 2015

Assumption of Risk

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 Challenge 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 Challenge tournament that cannot be specifically listed.

I have carefully read the Assumption of Risk and fully understand its contents. This agreement is between the Kyokushin Challenge tournament coordinators, City of Renton officials and employees, and myself and I have signed the document of my own free will. I hereby release tournament coordinators and City of Renton from any and all liability as a result of my participation of the Kyokushin Challenge tournament.

Signature of Participant: _____ 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: _____

Address: _____ City: _____ State/Province: _____

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

Division: (mark events entering)

Knockdown Juniors Semi-Contact Senior Knockdown (35+)

Advanced Kata (brown/black) Novice Kata (below brown)

Martial Arts System: _____ Dojo: _____

Current Rank: _____ Experience: _____ yrs

Pre-existing Injury (briefly describe): _____

Emergency Contact Person: _____
Name Phone Number

Pay by PayPal at senseihill@gmail.com or check payable to Budo Karate

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 a pre-existing condition 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 Challenge tournament.

----- Official Use Only -----
Receipt of Payment

By: _____ Amount: _____ Date: _____

Knockdown Division: _____ Seed #: _____

Kata Division: _____ Seed #: _____