



2014

TKFI INTER-CLUB KARATE-DO TOURNAMENT

INDIVIDUAL REGISTRATION FORM

May 31, 2014
9 AM

Honbu Dojo
1535 Harbeck Road, Grants Pass, Oregon, U.S.A.
541-471-3002

- Kata
- Kumite

Please provide all information requested below. Failure to do so may invalidate your registration.

ATHLETE COACH REFEREE

LAST NAME _____ FIRST NAME _____ MI _____
 ADDRESS _____ CITY _____
 STATE _____ COUNTRY _____ ZIP OR COUNTRY CODE _____
 PHONE NUMBER (_____) _____ GENDER _____ AGE _____ WEIGHT _____
 DATE OF BIRTH (MM/DD/YY) _____ E-MAIL ADDRESS _____
 DATE STARTED TRAINING (MM/YY) _____ KARATE STYLE _____
 NAME OF KARATE CLUB _____ NAME OF INSTRUCTOR _____
 CLUB PHONE NUMBER (_____) _____ YOUR KARATE RANK _____
 ASSIGNED CHAPERONE (If any) _____ PHONE NUMBER (_____) _____

CHECK EACH CATEGORY IN WHICH YOU WISH TO COMPETE

AGE (As of January 1, 2013)

KATA
OPEN

KUMITE (One-attack format)

- BEGINNER (Less than 1 year)**
- NOVICE (1 to under 2 years)**
- INTERMEDIATE (2 to under 4 years)**
- ADVANCED (4 to under 6 years)**
- SUPER ADVANCED (6 years +)**

Registration Fee: \$20.00 per family

(Make Checks Payable to: **MATC**)



BE SURE TO ORDER
YOUR SOUVENIR "YEAR
OF THE HORSE" T-
SHIRT.

PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM IN ITS ENTIRETY

ATHLETE WAIVER/RELEASE FORM (“AGREEMENT”)

IN CONSIDERATION of being permitted to participate in any way in any Traditional Karate Federation International activity (“Activity”) I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and Warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2 FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b) these Risks and (dangers may be caused by my actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW: (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Traditional Karate Federation International, related affiliated and subsidiary companies of each (Martial Arts Training Center, LLC), as well as the officers, directors, agents, employees and assigns of each, and the Traditional Karate Federation International President, Soke, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by the Traditional Karate Federation International, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES: AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasee’s, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost as which any may incur as the result of such claim.

Agreement to Participate

I, or we, grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child en route to or from or at the site of Traditional Karate Federation International event or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize the Traditional Karate Federation International to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in this Traditional Karate Federation International event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event, nor will I receive any payment for the possible commercial use of my name or likeness.

MINOR RELEASE: AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE., DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE’S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Note: There shall be no refunds.

Signature of Contestant

Signature of Parent/Guardian if athlete is a minor

Date