

TOURNAMENT INDIVIDUAL REGISTRATION

Saturday, November 4, 2017

Landing Trail School

Gibbons, Alberta

KAA# _____

Name: _____

Address: _____

Postal Code: _____ Phone: () _____

Alberta Health Care #: _____

Birth Date (mmm/dd/yy) _____ Sex: _____ Weight _____ Height _____

(Please include height and weight so we can split divisions if needed)

Belt Colour (Kyu Only) _____

Club Name _____

Division: (e.g. A4) _____

Event: Kata Kumite Team Kata
.....

Acknowledgement, Waiver and Release

I, _____, hereby acknowledge that I am aware and understand that the art and sport of karate is potentially hazardous and that a participant is exposed to risks in said activity. I further acknowledge that in the course of doing karate I may receive injuries that may be serious and permanent.

I hereby acknowledge and accept all hazards and risks in the doing of said activity and hereby remise, release and forever discharge the Yobukan Karate Club, its officers, servants, employees, successors, agents and assigns, from any and all claims and demands whatsoever for damages, loss or injury, however arising which may now or may hereafter be sustained by me in consequence of my participation in the Yobukan Karate Tournament on November 4, 2017 including, without limiting the generality of the foregoing, training, practice, competition, demonstration, traveling to or from any of the foregoing, and any other matter related in any way to the said activity.

I CONSENT THAT ANY PICTURES OR VIDEO FURNISHED BY OR TAKEN OF ME CAN BE USED FOR PUBLICITY, PROMOTION OR TELEVISION SHOWING, AND WAIVE COMPENSATION IN REGARDS THERETO.

IN WITNESS WHEREOF I have hereunto signed this _____ day of _____, 2017

Competitor/Guardian _____ Witness _____