

TEXAS FOUR SEASONS

KARATE CHAMPIONSHIP

WINTER:___ SPRING:___ SUMMER:___ FALL:___

PLEASE PRINT

Name_____Rank_____Style_____

Address_____

City_____State_____ZIP_____

Karate School Name_____Instructor_____

Karate School Address_____

WOULD YOU LIKE YOUR SCHOOL TO BE ADDED TO OUR MAILING LIST: YES NO

DIVISION ENTERED

DIVISION	AGE	RANK
TRADITIONAL KATA		
CREATIVE KATA		
TEAM KATA		
MUSICAL SPECIALITY		
1-STEP SPARRING		
BOARD BREAKING		
WEAPONS		
FIGHTING/SPARRING		

READ CAREFULLY BEFORE SIGNING

ACKNOWLEDGEMENT, WAIVER, & RELEASE FROM LIABILITY

I acknowledge that karate is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. **I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE TEXAS FOUR SEASONS KARATE CHAMPIONSHIP.** I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised otherwise by a qualified medical person.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (a) WAIVE, RELEASE, DISCHARGE, AND AGREE NOT TO SUE, from any and all liability for my death, disability, personal injury, property theft or action of any kind which may hereafter accrue to me as a result of my participation in or traveling to and from the TEXAS FOUR SEASONS KARATE CHAMPIONSHIP – EVENT PRODUCERS, EVENT VOLUNTEERS; (b) INDEMNIFY AND HOLD HARMLESS the persons or entities as a result of my actions during the TEXAS FOUR SEASONS KARATE CHAMPIONSHIP.

COMPETITOR'S SIGNATURE_____

SIGNATURE OF GUARDIAN (if under 18)_____