

Entry No.

48th Annual U.S. Open Metropolitan TAE KWON DO CHAMPIONSHIPS

SATURDAY, April 25th 2020
Bettendorf High School
Bettendorf, IA

10% DISCOUNT

- YES! I'm Preregistering by April 4th, 2020.
- 1 Event - ~~\$55.00~~ now \$49.50
- 2 Events - ~~\$60.00~~ now \$54.00
- 3 Events - ~~\$65.00~~ now \$58.50
- 4 Events - ~~\$70.00~~ now \$63.00

NOTE: Fill out the stubs on the right for each event you will be participating in. \$55.00 per contestant for one event, \$60.00 for any two events, \$65.00 for any three events, and \$70.00 for four events (forms, fighting, breaking, or weapon forms), payment to accompany entry form.

Name _____

Age _____ Sex _____ Wgt. _____ Rank _____

Home Address _____

Instructor's Name _____

School or Club Name _____

Address _____

Emer. Contact & Tel. _____

Signature (read below before you sign) & Date _____

RELEASE OF CLAIMS RE PERSONAL INJURY AND ASSUMPTION OF RISK

I hereby voluntarily submit my application for attendance and participation in the aforementioned 48th ANNUAL U.S. OPEN METROPOLITAN TAE KWON DO CHAMPIONSHIPS. With full knowledge of the risk of injury, I do hereby assume full responsibility for any and all damages, injuries and/or losses that I may sustain or incur while attending or participating in the event and expressly waive and release all claims against the promoters, instructors and/or sponsors of said event, individually or otherwise, and release each of them in respect of any injury I may sustain.

I further understand that any medical treatment given to me at this event will be of emergency first aid treatment only, and I expressly request and consent to such emergency assistance. I consent that any pictures taken of/by me in connection with this event can be used for publicity, promotion or television showings, and waive any right to compensation thereof.

NOTE: THIS RELEASE CONSENT AND ASSUMPTION OF RISK HAS IMPORTANT LEGAL CONSEQUENCES. IF UNDER 18, THIS DOCUMENT MUST BE EXECUTED BY PARENT OR LEGAL GUARDIAN.

If under 18, Signature of Parent or Guardian

Date

STAMP

STAMP

STAMP

STAMP

WEAPON FORMS
FIGHTING
BREAKING
FORMS

FORMS

(Please Print)

NAME _____

SCHOOL OR CLUB _____

RANK _____ WT _____ AGE _____

DIVISION _____

BREAKING

(Please Print)

NAME _____

SCHOOL OR CLUB _____

RANK _____ WT _____ AGE _____

DIVISION _____

FIGHTING

(Please Print)

NAME _____

SCHOOL OR CLUB _____

RANK _____ WT _____ AGE _____

DIVISION _____

WEAPON FORMS

(Please Print)

NAME _____

SCHOOL OR CLUB _____

RANK _____ WT _____ AGE _____

DIVISION _____