

Signature of Contestant

Date

If under 18, Signature of Parent or Guardian

RELEASE OF CLAIMS RE PERSONAL INJURY AND ASSUMPTION OF RISK
 I hereby voluntarily submit my application for attendance and participation in the aforementioned 2024 CHUNG KIM'S INTER-SCHOOL TOURNAMENT. 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/or 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.

Date _____

In Case of Emergency: Name of Person to Contact _____

School or Club Name _____

Home Address _____

Name _____ Age _____ Sex _____ Wgt. _____ Rank _____

Instructor's Name _____

Address _____

Tel. (_____) _____

Signature (read below before you sign) _____

Entry No. _____



Inter-School Tournament

SATURDAY, April 20th, 2024

10% DISCOUNT

YES! I'm Pre-registering by April 13th, 2024.

1 Event - ~~\$40.00~~ now \$36.00

2 Events - ~~\$45.00~~ now \$40.50

3 Events - ~~\$50.00~~ now \$45.00

STAMP

FORMS

NAME _____ (Please Print)

SCHOOL OR CLUB _____

RANK _____

WT _____

AGE _____

DIVISION _____

Entry No. _____



Inter-School Tournament

SATURDAY, April 20th, 2024

10% DISCOUNT

YES! I'm Pre-registering by April 13th, 2024.

1 Event - ~~\$40.00~~ now \$36.00

2 Events - ~~\$45.00~~ now \$40.50

3 Events - ~~\$50.00~~ now \$45.00

STAMP

FORMS

NAME _____ (Please Print)

SCHOOL OR CLUB _____

RANK _____ WT _____ AGE _____

DIVISION _____

Name _____ Age _____ Sex _____ Wgt. _____ Rank _____

Home Address _____ Instructor's Name _____

School or Club Name _____ Address _____

In Case of Emergency: Name of Person to Contact _____ Tel. (_____) _____

Date _____ Signature (read below before you sign) _____

RELEASE OF CLAIMS RE PERSONAL INJURY AND ASSUMPTION OF RISK
 I hereby voluntarily submit my application for attendance and participation in the aforementioned 2024 CHUNG KIM'S INTER-SCHOOL TOURNAMENT. 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/or 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.

Signature of Contestant

Date

If under 18, Signature of Parent or Guardian

NOTE: Fill out the stubs on the right for each event you will be participating in. \$40.00 per contestant for one event, \$45.00 for any two events, \$50.00 for all three events, payment to accompany entry form.

STAMP

BREAKING

NAME _____ (Please Print)

SCHOOL OR CLUB _____

RANK _____ WT _____ AGE _____

DIVISION _____

STAMP

FIGHTING

NAME _____ (Please Print)

SCHOOL OR CLUB _____

RANK _____ WT _____ AGE _____

DIVISION _____

STAMP

FIGHTING

NAME _____ (Please Print)

SCHOOL OR CLUB _____

RANK _____

WT _____

AGE _____

DIVISION _____

STAMP

BREAKING

NAME _____ (Please Print)

SCHOOL OR CLUB _____

RANK _____

WT _____

AGE _____

DIVISION _____