

NAME			DIVISION	
SCHOOL OR CLUB			RANK	
(Please Print)			WT	AGE
<b>FORMS</b>				
NAME			DIVISION	
SCHOOL OR CLUB			RANK	
(Please Print)			WT	AGE
<b>BREAKING</b>				
NAME			DIVISION	
SCHOOL OR CLUB			RANK	
(Please Print)			WT	AGE
<b>FLIGHTING</b>				
NAME			DIVISION	
SCHOOL OR CLUB			RANK	
(Please Print)			WT	AGE



# Inter-School Tournament

Name	Age	Sex	Wgt.	Rank
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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 2026 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.

MUST BE EXECUTED BY PARENT OR LEGAL GUARDIAN.

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Signature of Contestant

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Date

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If under 18, Signature of Parent or Guardian