

COMPETITOR REGISTRATION FORM
$\qquad$ AGE: $\qquad$

ADDRESS: $\qquad$ CITY: $\qquad$ STATE: $\qquad$ ZIP: $\qquad$

PHONE: $\qquad$ EMAIL:

MALE/FEMALE: $\qquad$ WEIGHT: $\qquad$ YEARS/MONTHS OF TRAINING: $\qquad$ RANK: $\qquad$

DOJO: $\qquad$ INSTRUCTOR: $\qquad$ JA MEMBER Y or N *Note JA Member is defined as being a current card-holding member for 2017

Release agreement: For and in consideration of my participation in the foregoing event sponsored by Int'l Martial Arts, I intend to be legally bound, hereby myself, my heirs, and administrators, waive and release any and all rights to damage or claims against said organization, its governing body, officials, and members for injuries or rights to damages suffered by me directly or indirectly as a result of attending, participating in, practicing for, traveling to or from such event, or against Int'I Martial Arts, governing body, staff members, or instructors. I further certify that I am in proper health and physical condition to participate in such activities.
$\qquad$ Date: $\qquad$
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