



Champion Taekwondo Summerland

Entry Fees one event: \$30.00 Both: \$35.00

Registration and Release Form:

Participant's Surname: _____ First Name: _____

Address: _____

City/Town: _____ Province: _____ Postal _____

Telephone#: _____ Age: _____ Belt: _____

In case of emergency contact: _____

School name: _____ Instructor: _____

Telephone#: _____

_____ hereby state that I am physically fit to undertake the prescribed course of tournament. I acknowledge the existence of certain risks of personal injury in participating in this tournament and that I am unequivocally, free and voluntarily assuming these risks and without any liability to Champion Taekwondo Summerland, Burkhard Wuensche, other participants, cooperators, or assistants. I hereby release and forever discharge all the foregoing parties from all liability arising out of any possible injuries to myself incurred pursuant to said instruction. I hereby authorize the staff at the tournament(s) to act for me according to their best judgement in any situation requiring medical attention. I have no knowledge of any physical or mental impairments which would/could be affected by my participation in this tournament. I agree to provide proof of medical insurance prior to my participating in this/these tournament(s). I agree that photograph taking, video or audio taping is allowed during the tournament itself by the organizers and I authorize the organizers to use the obtained materials for possible future promotional purposes, publication, or broadcasting. The organizers have the right to refuse any entry or participation to the tournament or the premises.

Medical number: _____

Signature: _____ Date: _____

Parent or Guardian: _____

WTF Rules Apply.

Chest protectors, groin protectors, head gear required. Mouth guards recommended.

I will be participating in Poomse: _____ Sparring: _____