

Avery's Taekwondo

Fall Brawl 2011 Waiver of Liability

Name: _____ Email: _____

Address: _____ City: _____ State __ Zip: _____

Phone: _____ Emergency Contact Name: _____

Emergency Contact Phone Number: _____

I the undersigned, of the above address, as a registrant and participant in Avery's Tae Kwon Do 2011 Tournament, on September 10th, 2011 in Princeton, MN, voluntarily submit my application for attendance and participation and as a part thereof. I fully recognize and acknowledge that this competition frequently involves hard physical contact and might result in injury to myself and others, despite the necessary safety precautions and rules, and I enter such tournament at my own risk. I assume full and complete responsibility for any and all damage, injuries, and/or losses that I may sustain or incur, if any, while attending or participating in this tournament. I do hereby release and further discharge Avery's Tae Kwon Do, Princeton Community Education, Tournament operators, instructors, and other participants, individually and/or otherwise, for any accidents, suits, damages, claims, or judgments that may result in any personal injury that I may suffer while participating or attending this tournament. I realize and acknowledge that I am solely responsible for any medical attention or treatment that I may need as a result of participating in this tournament. I declare that I am free from any physical defects or illness which might prohibit or inhibit my participation in this tournament. Once again, I acknowledge my full understanding that Tae Kwon Do is a contact sport, which may result in injury to me for which I am covered only by my own medical health insurance. If I am an adult signing this registration and liability waiver, as a parent or guardian of a person under the age of 18 years of age, I agree to indemnify Avery's Tae Kwon Do, Princeton Health and Fitness, all tournament operators, instructors and other participants, individually or otherwise for all liability, loss or judgments arising from any injuries suffered by said child for whom I am signing this liability waiver and indemnification.

Signed by Competitor _____ Date: _____

Signed by Parent/Guardian if under 18: _____ Date: _____

Name: _____ Age: _____ Rank: _____

Martial Arts School: _____ Instructor: _____

Forms

Team Forms

Weapons

Breaking

Sparring