

Tiny Tiger
 (3-6)

Junior
 (7-16)

Adult
 (17-25)

VIP
 (26-35)

Executive
 (36-49)

Silver
 (50+)

REGIONAL TOURNAMENT FORM & SPARRING REGISTRATION

ATA# _____ BIRTHDAY _____ AGE _____ SEX _____

NAME _____ BELT COLOR / RANK _____

SCHOOL ADDRESS _____ CITY _____ ST _____ ZIP _____

SCHOOL OWNERS NAME _____

REGION # _____ SCHOOL # _____

\$35 TOURNAMENT FEE

HOLD HARMLESS AND LIABILITY RELEASE AND WAIVER AGREEMENT

I, _____ have applied to participate in this **ATA Regional Tournament**. I understand in this tournament that I am subjecting myself to possible injury as I am engaging in a contact sport. Before signing the application to register, I was given an opportunity to ask any questions that I may have relating to any danger that I could be exposed to, and have either asked the questions or chosen not to ask.

By enrolling in the tournament, I understand that it is my responsibility to learn and understand all the safety procedures and rules related to involvement in an ATA Taekwondo Program. These procedures and rules apply during my training but also to participation in this tournament.

As part of the agreement of allowing me to participate in this tournament, I agree that the American Taekwondo Association (including it's officers, employees, agents, tournament organizers, and any other student), will not be held responsible for my safety, or do any of these parties assume any responsibility as guardian of fiduciary. This specifically means that no one listed in this paragraph, or associated with the American Taekwondo Association will be held liable for any injury, death, or any other damages caused to me or my family, descendants, heirs or anyone assuming any rights on my behalf, and I specifically wave any claims I may have against such persons or individuals.

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As further consideration and as basis for allowing me to compete in this tournament. I agree to assume risk of harm, and I specifically agree to release the American Taekwondo Association (Including anyone connected with this tournament) as it relates to any damages, harm, or injury that I might suffer, even if the event causing the damage, harm or injury was foreseeable or if such damage, harm or injury was created or caused by the negligent act of the parties I am releasing (this release will not apply to any intentional act). This agreement to hold harmless shall apply to any claim made by me or my family, including my estate, heirs or any personal representatives in the event of my death or any damages, injury or harm that should occur by my participation in this tournament.

I state that I am of legal age (at least 18 years of age) and that no court has ruled that I cannot sign such documents. I understand that this is a binding agreement and that I am waiving certain rights, and I know before signing this that I have the right to have it reviewed by an attorney.

I have read this agreement and understand what it means. I represent that I am in good health and that I assume responsibility for my continued physical condition and capability to participate in ATA Taekwondo training and related activities.

Witness

Signature (Co-sign if competitor is a minor) Date

TO BE SIGNED IF ABOVE IS EXECUTED BY PARENT OR GURDIAN

As parent or legal guardian of the person named above we hereby wish to register _____ a minor in this ATA Regional Tournament and after reading the above terms and conditions do hereby agree to the terms above on behalf of the minor name herein. Since the person named above is a minor, and I have agreed to the terms set forth above, I hereby agree to indemnify and save harmless the American Taekwondo Association (including anyone connected with the organization) for any harm caused to the minor or should the minor later bring action against the parties. I understand that I have agreed to pay any costs related by any claim against the above named person., (including legal fees to defend such action) and pay any award of the parties. As further consideration for allowing the minor to enroll in the tournament I personally waive any clam or cause of action that I may personally have as a parent or legal guardian in the event of any harm, injury or damage.

ALL COMPETITORS MUST FILL OUT THIS PORTION

MEDICAL RELEASE: I _____, on my own behalf or on the behalf of the named minor, hereby give permission to any licensed physician and/or hospital to provide emergency medical treatment which may be necessary due to any accident or injury that may occur while participation in this regional tournament. I agree to be responsible for all costs related to such medical treatments.

Medical Information

Doctor's Name _____ Doctor's Phone _____
Medical insurance coverage _____ Policy # _____
ID# _____
Special Instructions _____

Minor's Name

Signature

Date

As further consideration and as basis for allowing me to compete in this tournament. I agree to assume risk of harm, and I specifically agree to release the American Taekwondo Association (Including anyone connected with this tournament) as it relates to any damages, harm, or injury that I might suffer, even if the event causing the damage, harm or injury was foreseeable or if such damage, harm or injury was created or caused by the negligent act of the parties I am releasing (this release will not apply to any intentional act). This agreement to hold harmless shall apply to any claim made by me or my family, including my estate, heirs or any personal representatives in the event of my death or any damages, injury or harm that should occur by my participation in this tournament.

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I have read this agreement and understand what it means. I represent that I am in good health and that I assume responsibility for my continued physical condition and capability to participate in ATA Taekwondo training and related activities.

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