

**4-STATE BRAWL  
MAY 29th, 2010**

COMPETITOR NAME:	YOUR BELT RANK:
YOUR STREET ADDRESS	BEG      INT      ADV
CITY	STATE      ZIP
I will be competing in the following: <input type="checkbox"/> Sparring <input type="checkbox"/> Forms <input type="checkbox"/> Weapons <input type="checkbox"/> Musical Forms <input type="checkbox"/> Grappling <input type="checkbox"/> Karate Flag	
Your Phone Number:	Email Address:
Name of Dojo/School/Instructor	

In consideration of being allowed to participate in the **4-STATE BRAWL** and any related events and activities, and intending to be legally bound, the undersigned: Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. Release, waive, discharge and covenant not to sue any promoter(s), the facility, its affiliated clubs, their respective administrators, directors, agents, coaches and other staff of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of whom are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage or loss to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Signature of Competitor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

If under the age of 18, parent or guardian must sign: \_\_\_\_\_

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