

This event is endorsed by:



ANNUAL MICHIGAN OPEN TAE KWON DO MARTIAL ARTS CHAMPIONSHIP

25th Annual Michigan Open Governor's Council Cup Martial Arts Championships

Saturday, May 4th, 2019

Scranton Middle School – 8415 Maltby Rd – Brighton - 48116

Name: _____ Age: _____ Sex: (circle) **M / F**
 Phone: _____ Height: _____ Weight: _____
 Address: _____
 School Name: _____ School Tel # _____
 School's Instructor: _____
 Grade or Belt: _____ **GUP / DAN** (circle) E-mail: _____

Registration fees as follows.

One event \$ 60.00 - Two events \$65.00 - Three events \$70.00- Four events \$75.00

CASH or Money orders please - NO personal checks.

Liability, Waiver, Release and Indemnification Agreement:

In consideration for the privilege of participating in the competition of the 25th Annual Michigan Open (or Governor's Council Cup) Tae Kwon Do Martial Arts Championship in further consideration of being accepted to compete, I hereby do acknowledge that because of my participating in, traveling to and returning from Brighton, Michigan, I may suffer bodily injury or death, and loss of property, and I do hereby for myself, for my heirs, parents, guardians, executors, personal representatives and assigns, release, acquit waive, forever discharge, hold harmless and agree to indemnify the sponsors of the 25th Annual Michigan Open (or Governor's Council Cup) Tae Kwon Do Martial Arts Championship and any other persons or organization connected with the same of and from any and all liability, claims, demands, costs, damages, actions, causes of action, or out of personal injuries, death, or damage to my person or property or loss of time, loss of service, or for expense incurred, occurring to me because or in any way related to my training for, may traveling to, my participating in, and my returning from Brighton Michigan or through the use of any and all facilities connected therewith.

Further, I hereby grant permission in case of injury to have an athletic trainer and/or doctor residing in the United States provide me with medical assistance and/or treatment. I do hereby for myself, parents' guardians, executors, assigns and administrator's release, acquit, waive and forever discharge the USA Taekwondo, the United States Olympic Committee, 25th Annual Michigan Open (or Governor's Council Cup) Tae Kwon do Martial Arts Championship, the State of Michigan Governor's Council, Physical Fitness, Health & Sports, the Michigan State Taekwondo Association, Martial Art Commission, Kil's Taekwondo Inc, Brighton area Consolidated Schools, Scranton Middle School, the coach, the instructors, the manager, the trainer, and/or the doctor, their agents, representatives, officers, and directors of and from any and all liability, actions, claims, demands, or suits whatsoever which I may now or hereafter have or claim to have, on account of any injury sustained by me in connection with said medical assistance and treatment.

I certify that my physician has examined me and certified that I am in good physical condition and have no disease or injury that would impair my performance or physical condition in training for and competing in the 25th Annual Michigan Open (or Governor's Council Cup) Tae Kwon Do Martial Art Championship. (NOTE: for recent injury or injuries, a physician's report must be attached to this form. Competitors who have received a concussion or other head trauma within 30 days of the tournament are not eligible to compete and must inform the tournament directors of the injury.)

I agree to accept and all financial obligations incurred as a result of any medical assistance and related expenses, provided with any injuries which I may receive in the 25th Annual Michigan Open (or Governor's Council Cup) Tae Kwon Do martial Arts Championship. I also certify that I am familiar with the rules and the sport of Taekwondo and the nature of a Taekwondo contest, that there is a high risk of injury by the very nature of the sport due to the physical contact and I assume all risks relating to the participation in the sport of Taekwondo and the 25th Annual Michigan Open (or Governor's Council Cup) Tae Kwon Do Martial Arts Championship. I further certify that no coach, manager, doctor, nurse, athlete, trainer or other person has advised me not to compete in a contact sport for any reason or not to compete in the 25th Annual Michigan Open (or Governor's Council Cup) Tae Kwon Do Martial Arts Championship. If an act of vandalism causes damage to personal and/or personal property of the resident facilities or any other facilities, students, buildings, or premises utilized by or related in any way to the 25th Annual Michigan Open (or Governor's Council Cup) Tae Kwon Do Martial Art Championship. I understand and agree that disciplinary actions, which will prohibit my participation in the 25th Annual Michigan Open (or Governor's Council Cup) Tae Kwon Do Martial Art Championship, will be taken against me if I am found to be involved in an act, or acts, of vandalism in which I participate. It is agreed that it compulsory and mandatory that this liability waiver, release, and indemnification agreement be fully completed as a precedent to this official entry form being accepted, and that the completed liability waiver, release and indemnification agreement is incorporated by reference as a part of this official entry form.

I further agree that any pictures of, or by me, in connection with this competition can be used by the tournament director for publicity without compensation at this, or any other time.

If under 18 years of age, this release and consent must also be signed by parent or guardian.

Signature: _____ Date: _____

Parent or guardian: _____ Date: _____



Name: _____

School: _____

Age: _____ Rank: _____ GUP / DAN

Weight: _____ Height: _____ Sex: M / F

Forms Sparring Breaking Weapons