42nd ANNUAL INVITATIONAL WASHINGTON STATE KARATE CHAMPIONSHIPS

May 8, 2010 - Edmonds Community College Gymnasium

☐ Male ☐ Female Age as of May 8, 2010:_____ ☐ Beginner ☐ Novice ☐ Intermediate ☐ Advanced

Ex: K18 = 14-15 Boys Novice Kata (see category list)

Division # Entered In:

_____Kata
_____Kumite
_____Weapons

Fees Owed:

_____One Division $60
_____Two Divisions $70
_____Three Divisions $80
$_____Total Fees Paid

Name:_____ **Birthdate:**_____

Address:_____ **Phone:**_____

City:_____ **State:**_____ **Zip:**_____ **Years of Training:**_____

Email Address: _____ **Karate Rank:**_____

Instructor's Name: _____ **Dojo:** _____

Adult & Minor Amateur Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Washington State Karate Championships athletics/sports program, and related events and activities, the undersigned:

1. Agrees that prior to participating, they know and understand the Rules of Competition, and that they (if under 18 years of age a Parent or Guardian) will inspect the facilities and equipment to be used, and if the participant and/or Parent or Guardian, believes anything is, or may be, unsafe, they will immediately advise their coach or supervisor and the Washington State Karate Championships personnel of such condition(s) and refuse to participate unless and until such condition is remedied.

2. 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, inaction's or negligence but the actions, inaction's 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. The undersigned assumes all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

3. Release, waive, discharge and covenant not to sue The Washington Karate Bellevue Inc., Washington State Karate Championships, Edmonds Community College, its officers, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches and other employees, staff, official and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releasees" 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 to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise. The undersigned shall indemnify the releasees and hold them harmless for any losses, liability or damages which may result from any failure or defect of such release.

4. **All entries are final, no refunds will be given.** I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures furnished by me or any and all photographs or video images taken of me in connection with the Tournament can be reproduced and used for publicity, promotion or other purpose by the Washington Karate Bellevue Inc., it's licensees or assigns now or in the future, and published or broadcast by any media whatsoever, and I hereby waive any and all claim for any compensation of any kind in regard thereto. All participation in any event or class in this Tournament is by permission only. The Tournament Director or his authorized agent(s) reserve the right to refuse entry to any person, school, team or club.

5. **Statement of Health.** By my signature below I confirm that I am in sound health and there is no reason why I cannot participate in this championship and/or event.

The undersigned has read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

_____ _____ _____

Signature of Contestant | Signature of Parent/Guardian | Date

Mail to: Washington State Karate Championships, 14906 Bel-Red Road, Bellevue, WA 98007 Phone: 425-641-8123 NO FAXES ACCEPTED.
All information must be completed prior to processing..