

# Glamorgan Karate Club Fall Tournament



*Retain this portion until  
you reach your ring*

## Participant Registration Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male / Female

Belt Rank: \_\_\_\_\_

Club: \_\_\_\_\_

### Circle Events Entered:

**Seminar**

**Kata**

**Kumite**

(Youth only)

## Participant information, waiver of claim and assumption of risk

Please read carefully before signing; all participants are required to have this form properly completed and on record with tournament officials before participating.

In consideration of the benefits received by me and of permission granted now and in the future to participate in the tournament, I agree and acknowledge that:

1. I have met all the of the prerequisites and conditions required for participating in the tournament.
2. I will abide by the rules and decisions imposed on the participants of this tournament
3. I recognize there are risks and hazards inherit in the very nature of the tournament and that as a result of these risks and hazards, I as a participant may suffer accident, personal injury,, including death, as well as loss or damage to personal property I nevertheless freely and voluntarily assume the aforesaid risks and hazards and accordingly my participation in any way in the tournament shall be entirely at my own risk.
4. I agree now and in the future to indemnify, hold and save harmless from any claim (including medical services), liability, suit, action, or any other proceeding of any kind arising from my participation in the tournament, the Glamorgan Wado Kai Karate Club, the Shintani Wado Kai Karate Federation, West Island College, their officers, agents, employees, instructors, fellow participants, or authorized guests.
5. The tournament officials may secure such medical advice and services as they, in their sole discretion, may deem necessary for my health and safety and shall not be financially responsible for such advice and services.
6. This INFORMATION, WAIVER OF CLAIM and ASSUMPTION OF RISK is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.
7. The Glamorgan Wado Kai Karate Club is collecting this information in accordance with the Personal Information Privacy Act (2003). We will use this information to maintain membership lists under the requirements of the Societies Act (1980), to provide phone/email lists to members, to contact members with information about the club and SWKKF, and in the event of an emergency. We will not share this information with any third parties without prior written consent. By signing this form, you consent to this use of the information you provide.

\*\*\*\*\* Permission to publish first name and last initial of competitors (this will be for those who place in the top three.) \_\_\_\_\_

**Competitor's fee: \$20; Family of 3 or more: \$50;** cheques made payable to "G.K.C" or "Glamorgan Karate Club"

*NOTE: Mouth guards are mandatory; other protective equipment is the responsibility of the participant.*

If the participant is under the age of 18 years, a parent or legal guardian must sign; no other signature will be accepted.

Participant's name: \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_