ATA Regional Tournament

Protech Weapons Competition

NAME _____ **GENDER** _____

ATA # _____ **BIRTHDATE** _____ **AGE** ____

CURRENT RANK _____ **RANK I WISH TO COMPETE AS** _____

INSTRUCTOR _____

SCHOOL ADDRESS _____

SCHOOL _____ **REGION** _____

$25.00 1st Family Member **$25.00 2nd Family Member** **$5.00 3+ Family Members**

Good Luck Students!

Competition Registration: $25

HOLD HARMLESS AND LIABILITY RELEASE WAIVER AGREEMENT

I,_____ ,have applied to participate in this ATA Regional Tournament. I understand that by registering in this tournament that I am subjecting myself to possible injury, as I am voluntarily 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 or harm that I could be exposed to, and I have either asked the questions or have chosen not to ask.

By enrolling in this tournament I understand it is my responsibility to learn and understand all safety procedures and rules related to involvement in the ATA Taekwondo program. These procedures and rules apply not only to my training but also to participation in this tournament.

As part of the agreement in allowing me to participate in this tournament, I agree that the American Taekwondo Association (including its officers, employees, agents, tournament organizers, and any other student), will not be responsible for my safety nor do any of these parties assume any responsibility as guardian or a fiduciary. This specifically means that no on listed in this paragraph or associated with the American Taekwondo Association will be held liable for an injury, death or any other damages caused to me or to my family, decedents, heirs or anyone assuming any rights on my behalf, and I specifically waive any claim I may have against such persons or individuals.

As further consideration and as basis for allowing me to participate in this tournament, I agree to assume any and all risk of harm, and I specifically agree to release the American Taekwondo Association (including anyone connected with this tournament) as it relates to any damage, 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 by me or my family, including my estate, heirs or any personal representatives in the event of my death for any damages, injury or harm that should occur by my participation in any training, tournament, summer camp or other program related to this participation in the American Taekwondo Association.

I state that I am of legal age (at least 18 years of age) and that no court has declared 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 I have the right to have it reviewed by an attorney.

I have read this agreement and I 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 the 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 LEGAL GUARDIAN

As a parent and/or 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 set forth above on behalf of the minor named 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 an action against any of the parties. I understand that I have agreed to pay any cost relating to any claim against the above named persons (including legal fees to defend such action) and to pay any award of damages should one be made in favor of the minor against any of the parties. As further consideration for allowing the minor to enroll in the tournament I personally waive (give up) any claim or cause of action that may personally have as the parent or legal guardian in the event of any harm, injury or damage.

MEDICAL RELEASE: I, _____, on my own behalf or behalf of the named minor, hereby give permission to any permission to any licensed physician and/or hospital to provide emergency medical treatment which may be necessary due to any injury or accident incurred while participating 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 Number: _____

Identification Number: _____Indicate any restrictions to treatment and/or allergies to medication: _____

_____

_____ _____

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