

2010 WV USA-NKF Regional Qualifier

Saturday, February 13, 2010
St. Albans High School, St. Albans, WV

___ Male ___ Female ___ Age ___ Beginner ___ Novice ___ Intermediate ___ Advanced

Divisions Entered In:

Kata

Kumite

Weapons

Team Kata

Fees Owed:

One or Two Divisions \$55

Each Additional Event \$10

USA-NKF Membership \$50 (Please Read #5 Below)

USA-NKF One Day Membership \$5

Total Fees Paid

HEALTH INSURANCE COVERAGE IS REQUIRED OF ALL ATHLETES AS A CONDITION OF PARTICIPATION.

I have a 2010 USANKF Membership I need a 2010 Membership I need a one day Membership

Name: _____ Birthdate: _____ USA-NKF # _____

Address: _____ Phone: _____ E-Mail: _____

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

Karate Rank: _____ Instructors Name: _____ Style: _____

School: _____ Address: _____

Adult and Minor Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the USA National Karate-do Federation 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 2010WV USA-NKF Regional Qualifier 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, 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 USA Martial Arts Federation, the USA Martial Arts Training Centers, 2010 USANKF Regional Karate Championships, St. Albans High School, the USA National Karate-do Federation, its officers, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches and other employees, staff, official and volunteers of 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 USA Martial Arts Federation, the USA National Karate-do Federation, its licenses 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. **PLEASE NOTE: All athletes must be covered by health or medical insurance in order to compete.** Participant Secondary Medical Insurance is included as a benefit of USA-NKF membership. Non-members without medical insurance coverage may obtain Secondary Medical Insurance for \$50.00, which includes 2010membership in the USA-NKF. Please see Registration Desk personnel for necessary forms.

6. **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