TOURNAMENT REGISTRATION FORM

ATA# _____ Birthdate _____ Age _____ Sex _____

Name _____ Rank _____
Last *First* *MI*

Address _____
Street *City* *State* *Zip*

School Owner's Name _____

Region # _____ School # _____ Instructor's initials that ALL information is correct _____

☐ **FORMS & SPARRING** Registration Fee $35

Tiny Tigers Rank Form: _____ ½ Form _____ Whole Form _____ Need Help _____

Rank One-Step: _____ One-Step #1 _____ One-Step _____ Need Help _____

☐ **PROTECH WEAPONS** Registration Fee $25

PLEASE CHECK THE WEAPON YOU WILL BE DEMONSTRATING - OFFICIAL PROTECH WEAPONS ARE REQUIRED

Open to all Color Belts
____Single Ssahng Jeol Bong
____Single Bahng Mahng EE
____Jahng Bong
____Ssahng Nat (Kama)

Open to all 1st Degree Black Belts and Higher
____Single Ssahng Jeol Bong
____Single Bahng Mahng EE

Open to all 2nd Degree Black Belts and Higher
____Double Ssahng Jeol Bong
____Double Bahng Mahng EE
____Ssahng Nat (Kama)

Open to all 3rd Degree Black Belts and Higher
___Jahng Bong

Open to all 4th Degree Black Belts and Higher
____Jee Pahng EE
____Sam Dan Bong

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 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 that 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 not only apply to my training, but also 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 fiduciary. This specifically means that no one 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 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 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 that I have the right to have it reviewed by an attorney.

I have read this agreement and understand what it means. I represent that I am in good health and that I assume all 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 identify and hold harmless the American Taekwondo Association (including anyone connected with the organization) for any harm caused to the minor or should the minor later bring 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 on be made in favor of the minor against any of the parties. As further consideration for allowing the minor to enroll in this tournament, I personally waive any claim or cause of action that I 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 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 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*