

**24th Annual
Bamboo Dojo Invitational Karate Tournament
Saturday, August 12, 2017
Heritage Center, Downtown Vero Beach**

Tournament Registration and Release Form

Name: _____ Age: _____ Sex: (M) _____ (F) _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Style: _____ Rank: _____

Teacher: _____ School: _____

Name of Emergency Contact: _____ Phone: _____

I WILL COMPETE IN THE FOLLOWING EVENTS:

(Check those that apply. One entry fee of \$40.00 covers all events.)

Kata (forms)

Kumite (sparring)

Kobudo (weapons)

The undersigned understands that this is a Martial Arts event and that there is an inherent risk of physical injury involved in participating in this type of sports activity or otherwise being in the vicinity where others are participating. Therefore, the undersigned hereby assumes the risk of participation in this competition including being in the vicinity of other competitors at this Tournament. The undersigned hereby releases and discharges The Bamboo Dojo, Inc., its officers, agents, staff and volunteers, as well as any other sponsors of this tournament, from any and all liability to the undersigned, his family, assigns and personal representatives, for any and all loss or damage, and any claim for damage, on account of injury or other casualty to the person or property of or in the possession or control of the undersigned, whether caused negligently or otherwise while the undersigned and/or his or her property is upon the premises of the tournament location, or while the undersigned is a participant in the tournament or in any exhibition or demonstration. This release inures to the benefit of all other competitors, spectators, and officials as well.

The undersigned grants permission to the tournament sponsors, their representatives or agents, to authorize and obtain emergency medical care from any licensed physician, hospital or emergency medical personnel in the event of illness or injury occurring during this event, if neither parent or guardian is available at the time to grant authorization for treatment.

Signature: _____ Date: _____

(Parent or Guardian must sign if participant is under 18 years of Age)