



HIRALDO'S KAI SHOTOKAN KARATE – DO

TOURNAMENT APPLICATION

NAME.....SEX.....

AGE:RANK.....DIVISION: **BEG /INT/ ADV...** PLEASE CIRCLE ONE

ADDRESS.....ZIP.....

INSTRUCTOR'S NAME.....

PLEASE CHECK EVENTS: KUMITE.....KATA.....DIVISION_ **K-**_____

WAIVER

1. I HEREBY FOR MY SELF MY EXECUTOR (S). MY HEIRS, FOREVER AND ALWAYS, AGREE TO SAVE AND HOLD HARMLESS I HIRALDO'S SHOTOKAN KARATE DO ASSOCIATION. ITS OFFICERS, REFEREES, JUDGES, VOLUNTEERS, TOURNAMENT'S DIRECTORS, THE FACILITY OWNERS, THEY AGENTS AND ANYONE ELSE INVOLVED IN TH ECONDITION OF THETOURNAMENT, FOR NAY LIABILITY, FOR INJURY (IES) I MAY SUSTAIN, TRAVELING TO, AND FOR PARTICIPATION IN OR OTHER DIRECT OR INDIRECT INVOLMENT IN SAID KARATE EVENT I HAVE ENTERED. I RECOGNIZE THAT TRADITIONAL KARATE DO IS A DANGEROUS SPORT AND I WILLINGLY PARTICIPATE IN THIS EVENT IN ADDITION, I HEREBY, NOW END FOREVER, ACCEPT ANY AND ALL RESPOSIBILITIES FOR ANY ACTION, CONJUCTION WITH THIS EVENT.

SIGNATURE.....DATE

PARENTS OR GUARDIAN (IF UNDER 18 YEARS OLD)

MEDICAL RELEASE FORM

PLEASE CIRCLE ANY OF THIS CONDITION YOU HAVE HISTORY OF; FAILURE TO DO SO, WILL DISQUALIFY YOU FROM THE TOURNAMENT.

HEARTMURMUR CONCUSSIONORREVEREHEADACHE KIDNEYINJURY SEISURES TRAUMA

BONESFRACTURE (IN THE LAST SIX MONTHS) DIABETES HYPPERTENSOIN BLEEDING DISORDERS

DRUGALLERGIES NO MEDICAL PROBLEMS OTHER (EXPLAIN).....

SIGNATURE.....DATE.....

PARENT OR GUARDIAN (IF UNDER 18 YEARS OLD).....

