

LAS VEGAS MEMORIAL DAY TOURNAMENT

ENROLLMENT APPLICATION

Participant Information:

Name: _____

Primary Phone Number: _____

Email: _____

Studio: _____ Instructor: _____

Belt Color: _____ Age: _____ Height: _____ Weight: _____ M/F: _____

Tournament Details:

Date: Saturday, May 25, 2024

Start Time: 9 AM (please check the schedule for your specific start time)

Location: Gold Coast Hotel and Casino

4000 W Flamingo Rd.

Las Vegas, NV 89103

Select Event(s) by Division: \$85 for 1 or 3 events

Kata _____ Sparring _____ Weapons _____

Release of Liability

1. He/She is fully aware of the physical risk of injury inherent in participating in martial arts training, including significant trauma from physical activity of blows that neither the instructor nor protective equipment can eliminate such risk.
2. He/She freely and fully assumes such risk.
3. He/She is physically fit to participate in this event which involves strenuous activity and various physical martial arts techniques.
4. He/She expects to have instruction in various defensive tactics and receive instruction needed in self-defense training.
5. He/She realizes that such techniques may not always be successful in every situation and proficiency can only be achieved through a combination of continued practice, exercise of good judgement and natural abilities.

The undersigned hereby releases the Event Coordinator and all involved in the event including its instructors, from liability for any injury of any kind whatsoever from or as a result of training and competing in the martial arts, however it may arise, and further agrees hereby to defend, indemnify and hold each and all of them harmless from said liability and to waive all rights against them.

Signature: _____ Date _____

(Parent/Legal Guardian if under 18)

Print Name: _____