

**SHAOLIN KEMPO ARTS TOURNAMENT  
MARCH 8, 2025  
REGISTRATION FORM**

COMPETITOR'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BELT RANK: \_\_\_\_\_

Division (Circle all that apply): **Sparring**      **Forms**      **Weapons**

FEE: \$40 for 1 division; \$30 for additional

Prices go to \$55 per division after March 1. No exceptions. No refunds given after registration.

Registration fee: \$\_\_\_\_\_ Paid by (circle one) credit card on file or VENMO  
@shaolinkempoarts

**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

I hereby agree to the following:

- 1.) That I am participating in a Martial Arts tournament offered by Shaolin Kempo Arts. I recognize that this tournament requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- 2.) I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in Martial Arts.
- 3.) In consideration of being permitted to participate in this Martial Arts tournament offered by Shaolin Kempo Arts, I agree to assume full responsibility of any risks, injuries or damages, known or unknown, which I might incur as a result of participating in these competition.
- 4.) In further consideration of being permitted to participate in such tournament offered by Shaolin Kempo Arts, I knowingly, voluntarily, and expressly waive and claim I may have against Shaolin Kempo Arts and/or any of its instructors, employees, independent contractors, partners, associates, agents or affiliates for injury or damages that I may sustain arising out of or relating to participating in the competition.
- 5.) I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue Shaolin Kempo Arts and/or any of its instructors, employees, agents or affiliates for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

AS A LEGAL GUARDIAN OF , I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT