



## 15<sup>th</sup> Annual Pil Sung Tournament

### Participant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Martial Arts School: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Present Rank: \_\_\_\_\_ Tournament Division: \_\_\_\_\_

One or two events: \$30.00 Three or four events: \$35.00 (Family max: \$100)

\_\_\_\_Forms      \_\_\_\_Breaking      \_\_\_\_Sparring      \_\_\_\_Weapons

### Emergency Contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### RELEASE of CLAIMS: PERSONAL INJURY and ASSUMPTION of RISK

I hereby voluntarily submit for attendance and participation in the aforementioned Two Rivers Martial Arts Pil Sung Tournament with full knowledge of the risk of injury. I do hereby assume full responsibility for any and all damages, injuries, and/or losses that I may sustain or incur by attending or participating in the event and expressly waive and release all claims against the promoters, instructors, and/or sponsors of said event, individually or otherwise, and release each of them in respect of any injury I may sustain. I further understand that any medical treatment given to me at this event will be of emergency first aid treatment only, and I expressly request and consent to such emergency assistance. I consent that any pictures taken of or by me in connection with this event can be used for publicity or promotion, and waive my right to compensation thereof.

NOTE: IF UNDER 18 YEARS OF AGE THIS DOCUMENT MUST BE EXECUTED BY PARENT OR LEGAL GUARDIAN.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(if participant under 18)