

Waiver Release Form 2016 MELARIE TAYLOR Shidokan International

Name: _____ Date of Birth: _____

Age (as of March 19, 2016) _____ Dojo: _____ Rank: _____ Sex: _____

Upon the acceptance of my application for participation in the 2016 Montreal JKA Karate Championships Weekend to be held on March 19 , 2016, I hereby assure that:

- 1) I am physically, mentally, and emotionally fit to participate in a karate competition and training and I have prepared for my events;
- 2) I will abide by the tournament rules and make every effort to exercise good sportsmanship;
- 3) I will respect the decisions of the judges; even if I do not or my family member does not win.

"The risk of injury from the activities involved in this program is significant. I freely assume all risks and acknowledge full responsibility for my participation. I willingly agree to comply with the stated terms and conditions for participation.

4) I hereby release, and hold harmless Melarie Taylor, Shidokan International, the CUSA JKA Karate Club, the judges, contestants, and all individuals and groups in any way connected to the tournament from any and all responsibility resulting from any injury or disability I may sustain while participating in this event whether caused by negligence of the releasee or otherwise.

My signature below confirms to all who may be concerned that I have carefully read the above and understand and agree to all the conditions set forth therein.

X _____
PARTICIPANT'S SIGNATURE

X _____
PARTICIPANTS NAME (PRINTED)

X _____
WITNESS

Date Signed: _____

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____
PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER

X _____ witness

Date Signed: _____