



COLOR BELT DIVISION
 BLACK BELT DIVISION

WEAPONS
 \$25

FORM
 \$25



ATA EXTREME COMPETITION

PLEASE PRINT CLEARLY

ATA# _____ BIRTHDAY _____ AGE _____ MALE or FEMALE
Competitor Age on December 31, 2005 (circle)

NAME _____ BELT COLOR/RANK _____
Black Belt Competition Rank

ADDRESS _____ CITY _____ STATE/ZIP _____

INSTRUCTORS PRINT CLEARLY

PLEASE INDICATE TOTAL PAID \$ _____

INSTRUCTOR _____

SCHOOL STAMP HERE ▼

SCHOOL# _____ REGION# _____

HOLD HARMLESS

I _____, have applied to participate in this ATA Regional Tournament. I understand in this tournament that I am subjecting myself to possible injury as I am engaging in a contact sport. Before signing this application to register, I was given the opportunity to ask any questions that I may have relating to any danger that I could be exposed to, and I have either asked the question or have chosen not to ask.

By enrolling in the Tournament, I understand that it is my responsibility to learn and understand all safety procedures and rules related to involvement in the ATA Taekwondo Program. These procedures and rules apply not only during my training, but also to participation in this tournament.

As part of the agreement in allowing me to participate in this tournament, I agree that the American Taekwondo Association, (including it's officers, organizers, and any other student), will not be responsible for my safety nor to any of these parties assume any responsibility as guardian or a fiduciary. This specifically means that no one listed in this paragraph or associated with the American Taekwondo Association will be held liable for any injury, death or any other damages caused to me or my family, decedents, heirs, or anyone assuming any rights on my behalf, and I specifically waive any claim I may have against such persons or individuals.

As further consideration and as a basis for allowing me to compete in this tournament, I agree to assume any and all risk of harm, and I Specifically agree to release the American Taekwondo Association, (including anyone connected to this tournament) as it relates to damage, injury, or harm that I may suffer, even if the event causing the damage, harm or injury was foreseeable or if such damage, harm or injury was created or caused by the negligent act of the parties. I am releasing (this release does not pertain to any intentional act). This agreement to hold harmless shall apply to any claim made by me or my family, including my estate, heirs, or any personal representative in the event of my death for any damages, injury, or harm that should occur by my participation in any training tournament, summer camp, or other program related to this participation in the American Taekwondo Association.

 Witness

 Signature (Co-Sign if competitor is a minor)

TO BE SIGNED IF ABOVE IS EXECUTED BY PARENT OR LEGAL GUARDIAN

As parent and/or legal guardian of the person named above, we hereby wish to register _____, a minor in this ATA Regional Tournament and after reading the above terms and conditions, do hereby agree to the terms above in behalf of the minor named herein. Since the person named herein is a minor and I have agreed to the terms set forth above. I hereby agree to indemnify and save harmless American Taekwondo Association, (including anyone connected to this tournament) for any harm caused to the minor or should the minor later bring an action against any of the parties. I understand that I agree to pay any costs relating to any claim against the above named persons (including legal fees to defend such action) and to pay any award to the parties. As further consideration for allowing the minor to enroll in the tournament I personally waive (give up) any claim or cause of action that I may personally have as a parent or legal guardian on the event of any harm, injury or damage.

 Minor's Name

 Signature

 Date