



Competitor Application

Last Name: _____ First Name: _____

Name of Instructor: _____ School Phone: _____

School/Club Name: _____

School Address: _____

Sex: _____ Age: _____ Rank: _____ Belt: _____

WICHITA MID-CONTINENT OPEN TAEKWONDO CHAMPIONSHIPS WAIVER AND RELEASE

Please read the form carefully and be aware that in signing up and participating in the Wichita Mid-Continent Open you will be waiving and releasing all claims for injuries you might sustain arising out of the Activities of the competition. Your signature is required for registration to compete. As a participant in the tournament, I or legal guardian recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, to include death, damages or loss which I or anyone of my family member may sustain as a result of participation in said event. I also hold harmless all representatives of Trinity Academy, Air Capital Taekwondo School of Martial arts, to include it's Masters, instructors, visiting instructors and staff from any and all claims from Injuries including death, damage or loss, which I or anyone of my family members may have, or which my accrue me or anyone of my family members on account of your participation. I further agree to indemnity and hold harmless and defend Trinity Academy, Air Capital Taekwondo School of Martial Arts, its Masters, instructors, visiting instructors and staff from any and all claims resulting from injuries to include death, damages or loss which I or anyone of my family member may sustain as a result of participation in said event. I understand that incase of injury, only basic first aid will be made available on site, and that I am fully responsible for any and all resulting medical or other expenses. I have read and fully understand the above program details and participation agreement.

Signature of Competitor or authorizing guardian: _____ Date: _____