

**Wichita Mid-Continent  
Open  
Saturday March 10th, 2012  
Andover  
Central Middle School  
903 90th St.  
Andover, KS 67002  
Tournament Director:**

Fees:

\$70 Dollars per person for all events (pre-registration)

\$80 Dollars at the door for all events (day of event) **IMPORTANT NOTE: CASH ONLY AT THE DOOR**

\$5 Spectator fee (V.I.P.'s and Children under 4 Free)

Pre-registration ends 7 March 2011 Make checks payable to Air Capital Taekwondo

Send registration to: Air Capital Taekwondo 1027 North Andover Road Andover, KS 67002

**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 USD 385 School system, Andover Central Middle School, 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 USD 385 School system, Andover Central Middle School, 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: \_\_\_\_\_