

NCR Kata Shiai
All Ranks & Ages
Registration/Waiver Form V1.3

Traditional Karate North Central Region
Regional Representatives of the AAKF



www.ncr-aakf.org

When: Saturday, March 26, 2022
Where: SKM Minneapolis, 1200 Plymouth Avenue N, Minneapolis, MN 55411
Time: Check in 11:30 am; Shiai begins 12 noon (Rules/Judges discussion 12n)
Events: Individual Kata, team kata
Categories: Youth (ages 6-17) and Adult (18+)
Cost: Individual: \$20 for all events. Family rate: \$30 for all events
Make checks payable to "North Central Region"

Name: _____ **Age:** _____ **Phone:** _____ **Email:** _____

Sex: Male Female **Group:** Youth Adult **Rank:** _____ **Club/Dojo:** _____

Event selection: Kata individual Kata team (members) _____

In Case of Emergency Notify: _____ **Phone:** _____

WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in **Traditional Karate North Central Region** (NCR) athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Traditional Karate North Central Region, Shotokan Karate Minnesota, Midwest Karate Association St. Paul** and their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Participant's Signature) DATE SIGNED: ____/____/2022

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

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

(Parent/Guardian Signature) DATE SIGNED: ____/____/2022