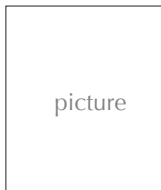




CHAMPION'S OPEN

NOVEMBER 14, 2009



last name, first name

school

belt

weight

age

sex

form • breaking • sparring
(circle events)



2009 CHAMPION'S OPEN

NOVEMBER 14, 2009 • 9 AM

COMPETITOR REGISTRATION FORM

** PLEASE CHECK ALL APPROPRIATE SPACE,
AND TYPE OR PRINT CLEARLY

WTF Forms: _____ (open forms)	Sparring: _____ (gyroogi)	Free-Style Breaking: _____
Total Number of Events: _____		Total Amount Due: _____

Pre- registration fees: \$70.00 One event
\$10.00 Each additional event

Pre-registration deadline: Monday, November 9, 2009
Late registration deadline: Thursday, November 12, 2009

Late registration fee: \$80 one event, \$15 each additional event

PARTICIPANT INFORMATION

All competitors must complete this section accurately and completely in order to participate.

Medical insurance name and number _____

Name: _____ Gender: m _____ f _____

Date of birth ___/___/___ Age _____ Height ___' ___" Weight _____

Address: _____

City: _____ State: _____ Zip: _____

Belt (specify color only) _____ Dan (black belts only) _____

SCHOOL AND INSTRUCTION

School Name: _____ Tel: (____) _____

Master's Name: _____ Rank: _____ dan: _____

School Address (In Full) _____

Please be sure to include a 2x2 photo ID!!!!

EMERGENCY CONTACT PERSON

Name: _____ Relationship: _____ Tel: (____) _____

For further assistance call (718) 423-0011

PLEASE BE SURE TO INCLUDE A 2X2 PHOTO I.D!!!!

PLEASE SIGN WAIVER ON PAGE NINE!

PAYMENT INFORMATION

Make all cashier's check or money order to:

Champion's Taekwondo 213-18 48th Ave Bayside, NY 11364

(Please check one)

Cash _____ Money Order/Cashier's Check _____ School Check _____

NO PERSONAL CHECKS

Sorry no refunds, transfers, and/or credits will be made under any circumstances



2009 CHAMPION'S OPEN TAEKWONDO CHAMPIONSHIP

NOVEMBER 14, 2009 • 9 AM

hosted by CHAMPION'S TAEKWONDO • 213-18 48th Ave, Bayside, NY 11364
718-423-0011 • www.championstkd.com

LIABILITY WAIVER RELEASE & INDEMNIFICATION AGREEMENT

IN CONSIDERATION OF THE PRIVILEGE OF PARTICIPATION IN THE 2009 CHAMPIONS OPEN, FOR MYSELF AND FOR MY HEIRS, CHILDREN, PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, ASSIGNS AND ADMINISTRATORS, I FOREVER RELEASE, ACQUIT, WAIVE DISCHARGE, AND CONSENT NOT TO SUE Fitzgerald Gym, Queens College, THE BOARD OF EDUCATION OF FLUSHING NEW YORK, THE USA TAEKWONDO, INC, THE UNITED STATES OLYMPIC COMMITTEE, OR ANY OF THE ORGANIZERS, VOLUNTEERS, SPONSORS, AFFILIATED ORGANIZATIONS, COACHES, INSTRUCTORS, MASTERS, MANAGERS, TRAINERS OR DOCTORS, OR ANY OTHER PERSONS, OR ORGANIZATION INVOLVED IN THE 2009 CHAMPION'S OPEN, OR ANY OF THEIR REGENTS, DIRECTORS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS, AFFILIATES, ATTORNEYS, SPOUSES, HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, OR ASSIGNS. I FURTHER AGREE TO HOLD EACH OF THEM HARMLESS AND INDEMNIFY EACH OF THEM FROM LIABILITY ARISING FROM ANY AND ALL CLAIMS (INCLUDING FOR THE NEGLIGENCE OF ANY OF THEM THAT MAY RESULT IN MY PERSONAL INJURY, ACCIDENT, ILLNESS, OR DEATH), DEMANDS, COSTS, DAMAGES, ACTIONS, CAUSES OF ACTION, OR SUITS OF ANY NATURE OR KIND THAT ARE IN ANY WAY RELATED TO MY TRAINING FOR, TRAVELING TO, PARTICIPATION IN, OR RETURNING FROM Fitzgerald Gym, Queens College GYMNASIUM, OR TO MY USE OF THE FACILITIES, PREMISES, OR EQUIPMENT INVOLVED IN THE 2009 CHAMPION'S OPEN.

FURTHER, IN THE EVENT THAT I AM INJURED, I GRANT PERMISSION TO ANY AND ALL OF THE LICENSED ATHLETIC TRAINERS OR DOCTORS INVOLVED IN THE 2009 CHAMPION'S OPEN TO PROVIDE ME WITH MEDICAL ASSISTANCE AND TREATMENT, FOR MYSELF AND FOR MY HEIRS, CHILDREN, PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, ASSIGNS AND ADMINISTRATORS, I FOREVER RELEASE, ACQUIT, WAIVE DISCHARGE, AND CONSENT NOT TO SUE Fitzgerald Gym, Queens College, THE BOARD OF EDUCATION OF FLUSHING NEW YORK, THE USA TAEKWONDO, INC, THE UNITED STATES OLYMPIC COMMITTEE, OR ANY OF THE ORGANIZERS, VOLUNTEERS, SPONSORS, AFFILIATED ORGANIZATIONS, COACHES, INSTRUCTORS, MASTERS, MANAGERS, TRAINERS OR DOCTORS, OR ANY OTHER PERSONS, OR ORGANIZATION INVOLVED IN THE 2009 CHAMPION'S OPEN, OR ANY OF THEIR REGENTS, DIRECTORS, OFFICERS, MANAGERS EMPLOYEES, AGENTS, AFFILIATES, ATTORNEYS, SPOUSES, HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, OR ASSIGNS. AND HOLD EACH OF THEM HARMLESS AND INDEMNIFY EACH OF THEM FROM LIABILITY ARISING FROM ANY AND ALL CLAIMS (INCLUDING FOR THE NEGLIGENCE OF ANY OF THEM THAT MAY RESULT IN MY PERSONAL INJURY, ACCIDENT, ILLNESS, OR DEATH), DEMANDS, COSTS, DAMAGES, ACTIONS, CAUSES OF ACTION, OR SUITS OF ANY NATURE OR KIND THAT ARE IN ANY WAY RELATED TO ANY INJURY THAT I SUSTAIN OR SUFFER IN CONNECTION WITH SAID MEDICAL ASSISTANCE OR TREATMENT ACCEPT RESPONSIBILITY TO PAY FOR ANY AND ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF ANY MEDICAL ASSISTANCE OF TREATMENT PROVIDED IN CONNECTION WITH THE TREATMENT OF ANY INJURIES THAT I MAY SUSTAIN IN THE 2009 CHAMPIONS OPEN.

I VERIFY THAT MY PHYSICIAN HAS EXAMINED ME AND CERTIFIED THAT I AM IN GOOD PHYSICAL CONDITION AND HAVE NO DISEASE OR INJURY THAT WOULD IMPAIR MY PERFORMANCE OR PHYSICAL CONDITION IN TRAINING FOR COMPETING IN THE 2009 CHAMPION'S OPEN (I RECOGNIZE THAT IF I HAVE ANY EXISTING INJURIES THAT MAY AFFECT MY PERFORMANCE, I CANNOT PARTICIPATE IN THE 2009 CHAMPION'S OPEN WITHOUT A NOTE FROM MY PHYSICIAN AUTHORIZING MY PARTICIPATION, AND I VERIFY THAT IF I HAVE ANY SUCH INJURIES, THE REQUISITE REPORT IS ATTACHED TO THIS FORM). I ALSO CERTIFY THAT I AM FAMILIAR WITH THE RULES AND THE SPORT OF TAEKWONDO AND THE NATURE OF A TAEKWONDO CONTEST. I AM AWARE THAT THERE IS A HIGH RISK OF INJURY BY THE VERY NATURE OF THE SPORT DUE TO THE PHYSICAL CONTACT INVOLVED, AND ASSUME ALL RISK RELATING TO MY PARTICIPATION IN THE SPORT OF TAEKWONDO AND THE 2009 CHAMPION'S OPEN. I FURTHER CERTIFY THAT NO COACH, MANAGER, DOCTOR, NURSE, ATHLETE, TRAINER, OR OTHER PERSON HAS ADVISED ME NOT TO COMPETE IN A CONTACT SPORT FOR ANY REASON, NOR HAS ANY SUCH PERSON SPECIFICALLY ADVISED ME NOT TO COMPETE IN THE 2009 CHAMPION'S OPEN. IF NOT IN CONNECTION WITH THE 2009 CHAMPION'S OPEN I AM FOUND TO BE INVOLVED IN ANY ACT OF VANDALISM, I AGREE TO PAY FOR ANY AND ALL DAMAGE TO PERSONAL AND/OR REAL PROPERTY THAT IS CAUSED THEREBY, AND I UNDERSTAND THAT DISCIPLINARY ACTIONS THAT WILL PROHIBIT MY PARTICIPATION IN THE 2009 CHAMPION'S OPEN WILL BE TAKEN AGAINST ME. I HAVE READ THIS LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT AND I FULLY UNDERSTAND IT'S TERMS.

I UNDERSTAND THAT BY ENTERING INTO THE AGREEMENT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. I UNDERSTAND THAT THIS AGREEMENT IS INCORPORATED BY THIS REFERENCE AS PART OF THE OFFICIAL ENTRY FORM FOR THE 2009 CHAMPION'S OPEN. I ALSO UNDERSTAND THAT ENTERING INTO THIS AGREEMENT IS A CONDITION PRECEDENT TO AND IS CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATION IN THE 2009 CHAMPION'S OPEN. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT AND VOLUNTARILY, AND INTEND BY MY SIGNATURE TO MAKE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAWS OF THE STATE OF NEW YORK. IF ANY PORTION OF THIS AGREEMENT IS HELD INVALID, I AGREE THAT THE BALANCE OF IT SHALL NEVERTHELESS CONTINUE IN FULL FORCE AND EFFECT.

Signature: _____ Date: _____

IF UNDER 18 YEARS OLD MUST HAVE A PARENT OR GUARDIAN SIGN BELOW

Parent/Guardian: _____ Date: _____