SKF CHAMPIONSHIP 14

Please note, a separate registration form must be completed for each division entered.

Category# _____ **Experience Level:** **Novice** (1year & under) **Intermediate** (1 year – 2 years) **Advanced** (2 years +)

Category Type: **Kids** (6-12yrs) **Youth** (13-17 yrs) **Adult** (18+ yrs)

Forms SKF Continues Point Sparring No Face Contact Face Contact Hi-Jump Kick

Name: _____ Rank: _____ Age: _____ Weight: _____lbs
First Last

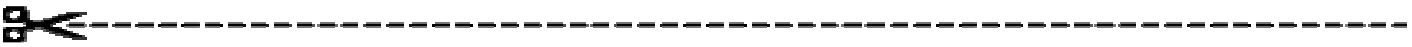
Academy: _____Home Address: _____

City: _____ Postal Code: _____ Phone: _____

Email:_____

I the undersigned do hereby voluntarily submit my application for attendance and participation and do hereby assume full responsibility for any and all damages, injuries or losses that I may incur, if any while attending or participating. I hereby waive all claims against the promoters, sponsors, KIKARA MARTIAL ARTS ACADEMIES LTD. and their affiliates of said tournament individually or otherwise, for any damages, injuries, or losses that I may incur. I fully understand that any medical treatment given to me will be first aid treatment only. I consent that any pictures furnished by me or any pictures taken of me in connection with this tournament can be used for publicity, promotion or television showing now or in the future, and I wave compensation in regard thereto. The undersigned further acknowledges that he/she may be photographed or filmed while attending said tournament and he/she gives permission to Sport Kickboxing Federation, International Martial Arts Academy Inc., Kikara Martial Arts Academies Ltd., and all their affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity and advertising purposes for all media including internet without compensation. I have read and fully understand the waiver (if under 19 years, this form must be signed by a parent or legal guardian.)

_____ _____ _____
Participant Signature Parent/Guardian Signature (18 years and under) Date



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