



USA OPEN KARATE CHAMPIONSHIPS ELITE TEAM REGISTRATION FORM

TEAM NAME: _____

PRICE: \$210 KATA \$350 KUMITE

SEX: ☐ Male ☐ Female

CATEGORY: *All USA Open Team Events Elite Kata & Kumite (please ✓ category)*

- ☐ ETS1 18-34 Male Elite Team Kumite (*7 athletes maximum*)
- ☐ ETS2 18-34 Female Elite Team Kumite (*4 athletes maximum*)
- ☐ ETK1 16+ Male Elite Team Kata (*3 athletes*)
- ☐ ETK2 16+ Female Elite Team Kata (*3 athletes*)
- ☐ ETK3 14-17 Male Elite Team Kata (*3 athletes*)
- ☐ ETK4 14-17 Female Elite Team Kata (*3 athletes*)

NAME	USA-NKF MEMBERSHIP or PASSPORT NUMBER	AGE / DATE OR BIRTH
1.		
2.		
3.		
4.		
5.		
6.		
7.		

CLUB/DOJO NAME: _____ COUNTRY: _____

Sensei's Signature: _____ Date: _____

(Must be filled out and returned with your Team Entree Form)

**Adult and Minor (under 18) Amateur Athletic
Waiver and Release of Liability**

In consideration of being allowed to participate in any way in the USA National Karate-do Federation athletics/sports program, and related events and activities, the undersigned:

1. Agrees that prior to participating, they know and understand the Rules of Competition, and that they (if under 18 years of age a Parent or Guardian) will inspect the facilities and equipment to be used, and if the participant and/or Parent or Guardian, believes anything is, or may be, unsafe, they will immediately advise their coach or supervisor and the USA Open Karate Championships personnel of such condition(s) and refuse to participate unless and until such condition is remedied.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. The undersigned assumes all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
3. Release, waive, discharge and covenant not to sue The USA National Karate-do Federation, Visit Fort Worth, Fort Worth Convention Center, Fort Worth Sports Commission, City of Fort Worth, Tarrant County, Texas,, its officers, its affiliated clubs, approved sports organizations, their respective administrators, directors, agents, coaches and other employees, staff, official and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise. The undersigned shall indemnify the releasees and hold them harmless for any losses, liability or damages which may result from any failure or defect of such release.
4. **All entries are final, no refunds will be given.** I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures furnished by me or any and all photographs or video images taken of me in connection with the Tournament can be reproduced and used for publicity, promotion or other purpose by the USA-NKF, it's licensees or assigns now or in the future, and published or broadcast by any media whatsoever, and I hereby waive any and all claim for any compensation of any kind in regard thereto. All participation in any event or class in this Tournament is by permission only. The Tournament Director or his authorized agent(s) reserve the right to refuse entry to any person, school, team, or club.
5. **Statement of Health.** By my signature below I confirm that I am in sound health and there is no reason why I cannot participate in this championship and/or event.

The undersigned has read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

1.	_____	_____	_____
	Signature of Contestant	Signature of Parent/Guardian	Date
2.	_____	_____	_____
	Signature of Contestant	Signature of Parent/Guardian	Date
3.	_____	_____	_____
	Signature of Contestant	Signature of Parent/Guardian	Date
4.	_____	_____	_____
	Signature of Contestant	Signature of Parent/Guardian	Date
5.	_____	_____	_____
	Signature of Contestant	Signature of Parent/Guardian	Date
6.	_____	_____	_____
	Signature of Contestant	Signature of Parent/Guardian	Date
7.	_____	_____	_____
	Signature of Contestant	Signature of Parent/Guardian	Date