

NOVICE DIVISION ATA Regional Tournament Entry Form 2016-2017

Participant's Name _____ ATA/WTTU # _____ SEX: M F
Instructor's Name _____ School City, State/Province _____

- Important Competition Information -

Comp Age (Age on 12/31/16) Comp Rank (Color Belts: rank you will be on tournament day) Comp Height (Inches)

I am a: Form Protech Weapon One-steps Sparring Combat Weapons Creative Form Creative Weapon Xtreme Form Xtreme Weapon

COLOR BELT Competing in:

- Hold Harmless & Liability Release Waiver Agreement -

I, _____ have applied to participate in this ATA Regional Tournament. I understand that by registering in this tournament that I am subjecting myself to possible injury as I am voluntarily engaging in a contact sport. Before signing this application to register, I was given the opportunity to ask any question that I may have relating to any danger or harm that I could be exposed to, and I have either asked the questions or chosen not to ask. By enrolling in this tournament, I understand it is my responsibility to learn and understand all safety procedures and rules related to involvement in the ATA/WTTU. These rules and procedures apply not only to my training but also to participation in this tournament. As part of the agreement in allowing me to participate in this tournament, I agree that the ATA (including its officers, employees, agents, volunteers, judges, tournament organizers, and any other student or instructor) will not be responsible for my safety nor do any of these parties assume any responsibility as a guardian or fiduciary. This specifically means that no one listed in this paragraph or associated with the ATA will be held liable for any injury, death, or other damages caused to me or my family, descendants, heirs, or anyone assuming any right on my behalf, and I specifically waive any claim I may have against such persons or individuals. I understand and agree that in consideration of being allowed to be a contestant in this tournament, I hereby personally assume any and all risks involved in connection with this tournament and furthermore, I release forever the aforementioned organizers of this tournament, the ATA, the tournament directors and officials, their agents and assigns, and any other individual or entity associated with this tournament or the ATA, for any harm, injury, or damage that may occur to me or befall me while I am a contestant in this tournament, including any and all risks connected therewith, whether foreseen or unforeseen, including any risks created and/or harm caused by any negligent act (excluding gross negligence or reckless behavior) or acts of any or all of the above-mentioned parties. Furthermore, I will hold harmless the above-mentioned parties from any claim by me, my estate, my heirs, my personal representatives, or their assigns, arising out of my participation and being a contestant in this tournament. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act (unless signed by a parent or legal guardian). I also understand and agree that the terms herein are contractual, and that they are not a mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume my own responsibility, physical condition and capability to perform under tournament conditions of a championship level ATA tournament.

Witness _____ Signature (Parent/Legal Guardian if Appropriate) _____ Date _____

- TO BE SIGNED IF ABOVE IS EXECUTED BY PARENT OR LEGAL GUARDIAN -

As the parent and/or guardian of the person named above, we hereby wish to register _____, a minor, in the Regional Tournament and after reading the above terms and conditions, do hereby agree to the terms set forth above on behalf of the minor named herein. Since the person named above is a minor and I have agreed to the terms set forth above, I hereby agree to indemnify and save harmless, ATA, the tournament directors and officials, their agents and assigns, and any other individual or entity associated with this tournament or the ATA for any harm caused to the minor or should the minor later bring an action against any of the parties, I understand that I have agreed to pay any costs relating to any claim against the above named persons (including legal fees to defend such actions) and to pay any award of damages should one be made in favor of the minor against any of the parties. As further consideration for allowing the minor to enroll in the tournament, I personally waive (give up) any claim or cause of action that I may personally have as the parent or legal guardian in the event of any harm, injury or damage.

Minor's Name _____ Signature _____ Date _____

- ALL COMPETITORS MUST FILL OUT THIS PORTION -

MEDICAL RELEASE: I, _____, on my own behalf, or on behalf of the named minor, hereby give permission to any licensed physician and/or hospital to provide emergency medical treatment which may be necessary due to any injury or accident incurred while participating in the Regional Tournament. I agree to be responsible for all costs related to such medical treatment.

Indicate any restrictions to treatment and/or allergies to medications: _____

Minor's Name _____ Signature _____ Date _____

NOVICE DIVISION ENTRY

NAME: _____ AGE (ON 12/31/16): _____ RANK: _____

ATA NUMBER: _____ CITY/STATE: _____ SEX: M F

I am competing in the following:

Form Protech Weapon One-Steps Sparring Combat Weapons
 Creative Form Creative Weapon Xtreme Form Xtreme Weapon

We will follow all ATA UNIFORM & EQUIPMENT polices at this event. All ATA TOURNAMENT RULES will be enforced. Please familiarize yourself with the above material. For more info, see your Instructor.