Registration & Waiver Form

*This waiver must be **completed and signed** by legal Guardian. Failure to comply will void your participation at the tournament*

EVENT DATE: _____

PLEASE READ CAREFULLY BEFORE SIGNING:

Adult = 18 years of age or over
Minor = under 18 years of age

NOTICE TO THE MINOR CHILD'S GUARDIAN

PLEASE READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN AN POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF ANY AND/OR ALL OF THE RELEASED PARTIES USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHOLD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY THAT CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILDS RIGHT AND YOUR RIGHT TO RECOVER CHILD OR PROPERTY DMAGE THAT RESULTS FROM THE RIKSK THAT ARE NATURAL PART OF THE ACTIVITY YOU HAVE LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM

In consideration of my and/or my child or ward's participation in the event referenced above and any related activities (collectively the "EVENT" wherever the Event may occur, I agree to assume all risks incidental to such participation(which risks may include among other things muscle injuries, broken bones or death). On my own and/or my child or ward's and/or heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the released parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with me or my child's or wards' participation in the Event and/or any such activities, and further agree to indemnify any hold each of the Released Parties harmless from and against any and all such liabilities, claims, damages, costs or expenses including, but not limited to, all attorney fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any and all tort, contract and other claims based on the negligence, action or inaction of any of the released parties and covers bodily injury (Including death), property damages, and loss by theft of otherwise whether suffered before, during or after such participation. If I am executing this release on behalf of my child or ward. I understand the extent to which I am releasing the Released Parties for negligence..

To those risks inherent in the activity and any other risks (please be sure and rad the uppercase text found above this paragraph), I declare that I and (If participating) my child, or ward are physically fit and have the skill level required to participate in the Event and/or any such activities. I further Authorize medical treatment for me and /or my child or ward, if the need arises. I acknowledge that Konoha Martial Arts and Event location provider is not responsible for organizing, operating, producing, supervising or otherwise conducting the Event and makes no representations or warranties, either express or implied, regarding the condition or suitability or the venue for the Event

In consideration of my and/or my child or ward's participation in the Event, wherever the Event may occur, I also agree that my and/or my child or ward's name, likeness, voice, description and performances at the Event may be recorded, compiled, edited, sold, distributed and otherwise used by the Released Parties without restriction for purposed of publicity, television, home video or DVD, print media, or any other purpose, and I expressly waive on my behalf and that of my child or ward, the right to seek compensation therefore from any of the Released parties, and that the email address(s) and phone and text numbers listed above and/or used by me is registration for the Event or otherwise provided to the Released Parties may be used for present and future marketing, survey and data compilation purposes by the Released parties and/or their subsidiary and/or affiliated companies or other entities at the discretion of the Released parties, and that this may be considered an "opt-in" for those purposes and that I may receive emails regarding services, products, and future events.

This Waiver Form shall be governed by the laws of South Africa, and nay legal action relating to or arising out of this Waiver Form, or the Event shall be commenced exclusively in the Judicial Circuit in South Africa. I certify I am 18 years of age or older and, if I am executing this Waiver Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

_____	_____	_____
Date:	***Print Name of Participant** (If 18 or over): or Parent or Guardian (if Participants under 18) or Court Appointed Guardian*	***Signature or Participant** (If 18 or over): or Parent or Guardian (if Participant is under 18): or court Appointed Guardian*
_____		
Cellphone no.		

☐ *Male*
☐ *Female*
☐ *Junior*
☐ *Senior*

Name & Surname: _____ Age: _____ Belt/Rank/Exp.: _____

ID No./DOB: _____ Weight: _____

City: _____ Province: _____

Club Name: _____ Instructor: _____

Email: _____

SPORTS & COMBAT MARTIAL ARTS DIVISIONS

Semi Points - All Styles		Weapons Forms/Kata/Patterns	
Semi/Light Continues		Traditional Kata/Forms/Patterns	
Traditional Kumite - All Styles		Unison / Syncronized Forms/Patterns	
Grappling / Close Combat - All Styles		Combat Weapons - All Styles	
Tag team - Semi Continues Low Kick			

Entry Fee: First Division - R150 Additional Events - R80 per division. Team Events - R200 Spectator Entry - R20 (Door Entry)

Health & Medical Information *(Instructor to complete)*

I, the undersigned instructor, confirm that the participant is fit to engage in martial arts training and/or competition to the best of my knowledge. I acknowledge that participation is at the individual's own risk and release the organizers, instructors, and affiliates from any medical liability arising during the event or activity.

Student Medical Disclosure: _____

_____	_____	_____
Instructor Name & Surname	***Club Name***	***Signature***

SEE YOU SOON
WARRIOR MODE ON!

KIZU JUTSU 傷術

KARATE ALL STYLES SUPER LEAGUE

CLOSE COMBAT GRAPPLING

masa NORTHERN CAPE

NMA ISKA