Tournament Hosted by:

PLATINUM MARTIAL ARTS & WUKF PROVINCIAL CHAMPIONSHIP

Tournament Entry and Indemnity form

Name*			
Date of Birth* (dd/mm/yy)		Dojo/Club*	
Gender*		Instructor	
Martial Arts Style (1)*		Style 1 Rank*	
Kobudo Style (2)		Style 2 Rank	
Height*		Weight*	
Contact No*		Email*	

* REQUIRED FIELD

I wish to enter the following Tournament: Platinum Martial Arts & WUKF Provincial championship

Date: *8 November 2025* | ***Venue:*** *Excalibur Boutique Hotel (Rustenburg, R24 Road)*

Divisions (tick appropriate boxed) First Division R250.00 | Additional Divisions R80.00

Kata (Individual)		Shobu Nihon Kumite (12 & under)		Contact Continues Fighting	
Team Kata (Unison) M/F		Shobu Sanbon Kumite (13 & over)		Semi Contact Low Kicks	
Kobudo - Long/short Weapon		Contact Points Fighting		Semi Contact High Kicks	
Sports Boxing		Gi Grappling		Sports Ju-Jitsu	

Banking Details:

Capitec Bank | N Potgieter | Savings | 2404363286

Total Amount: R _____

Indemnity and Release Clause

I, the undersigned, hereby voluntarily submit my application for attendance and participation. I assume full responsibility for any damages, injuries, or losses that I may incur while attending or participating in the event. I hereby waive all claims against the organisers, promoters, sponsors, WUKF SA, MASA NW, MASA, Hawk Eye Karate Academy, and their affiliates of the said tournament, individually or otherwise, for any damages, injuries, or losses that I may sustain or occur. I fully understand that any medical treatment given to me will be administered by the appointed first aider only. I consent that any pictures/video furnished by me, or any pictures/video footage taken of me in connection with this tournament, can be used for publicity, promotion, livestreaming to social media platforms or television showing now or in the future, and I waive compensation in regard thereto. I agree and verify that I am medically fit and able to participate in the event and confirm that it is my own responsibility to inform my Instructor/Coach/Team Manager of any illness or injury that may affect my health or the safety of my fellow competitors. Furthermore, I hereby confirm that I have granted my Instructor/Coach/Team Manager permission to agree on my behalf to the terms and conditions of the online waiver/indemnity form which must be completed as part of my online registration on the Kihapp Tournament Software Management System, and that I am familiar with and understand its contents. I have read and fully understand the above waiver (if under 18, this form must be signed by a parent or guardian).

ALL ENTRY FORMS TO BE E-MAILED TO:
hawkeyertb@gmail.com or via WhatsApp to: 083 641 8437 or 082 388 6465
Contact Persons : Deon de Jong 083 641 8437 - Lourens Potgieter 082 388 6465 - Vickus van Dyk 082 414 5923

Signature of Competitor	Signature of Guardian (if under 18)	Date