

TOURNAMENT REGISTRATION FORM
Maryland Professional Karate Association, Inc.
GROUP REGISTRATION FORM

NAME OF SCHOOL/GROUP _____ CONTACT NAME _____
SCHOOL/CONTACT ADDRESS _____
CITY _____ STATE/PROV: _____
ZIP CODE _____ E-MAIL _____
COUNTRY _____

Each participant must sign. Parent or legal guardian signature required if participant is under eighteen (18) years of age.

Participant Name	Printed	Signature of Participant or Legal Guardian
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____

I, the undersigned, knowingly and without duress, do hereby voluntarily submit my application and entry for attendance and participation in this **Maryland Professional Karate Association, Inc. (MPKA)** tournament. I do hereby assume all risk of personal physical and mental disabilities, injuries or losses, which may result from or in connection from my participation in this tournament. Acting for myself, heirs, personal representatives, and assignees, I do hereby release the **MPKA**, its officers, agents, representatives, servants, employees, volunteers, the sponsor location, and all related members from all claims, suits, actions, controversies, claims at law or in equity by reason in any matter, cause or thing whatsoever, that I may sustain as a result of or in connection with my participation in this **MPKA** tournament.

I also understand that participation in this **MPKA** tournament, especially but not limited to fighting, point or contact sparring, matches, breaking, weapons, kata or grappling, entails a great risk of injury, and I assume full responsibility for all of my actions, intentional or otherwise, during and in connection with my participation in this **MPKA** tournament. I fully understand that any medical attention or treatment afforded to me by any of the aforementioned will be of the first aid type only and I fully submit my release. I agree that my performances, attendance, and participation at this **MPKA** tournament may be filmed or otherwise recorded or telecast live. I consent, by **MPKA**, its assignees and licensees of my name, likeness voice, poses, pictures and biographical data concerning fully or in parts, in any form or language, with or without material, throughout the world, without limitations, for television, radio, video and/or theatrical motion pictures, or other medium devices now known, or hereafter devised, and I do hereby waive any compensation in regard thereof as well as my future rights to the aforementioned.

I have read and fully understand the waiver listed above.