

FRIENDSHIP CUP 2012

Individual Registration Form

(Please print clearly or type)

Name _____ Sex: M ___ F ___ Name of Dojo _____
Kata div # _____ Kumite div # _____ Kobudo div # _____ Style _____
Age _____ Date of Birth _____ Wt. _____ Mos/Yrs Training _____ Dojo Address _____
Address _____ City _____ State _____ Zip _____
City _____ State _____ Zip _____ Dojo Telephone # _____
Telephone # _____ Name of Instructor _____
E-mail Address _____ E-mail Address _____

In Case of Emergency Notify:

Name _____
Telephone # _____

Fees Owed

_____ One/Two Events \$45

_____ Three Events \$50

\$ _____ **Total Fees**

Note: See separate sheet for family rates

\$ _____ **Family Rate**

Please make all payments payable to Colorado Budokan.

Send registration/release agreement form and payment to Colorado Budokan, 3547 South Monaco Parkway, Denver, Colorado 80237.

Registration(s) must be postmarked by Sunday, February 5, 2012. Late registrations will not be accepted.

RELEASE AGREEMENT - READ CAREFULLY BEFORE SIGNING

I understand that karate is a very dangerous martial art involving forceful physical contact, that it is likely to incite aggressive behavior which is beyond the control of Colorado Budokan ("CB") and Colorado School of Mines Karate Club ("CSMKC"), that severe injuries or death may result from my participation in the activities of this martial art, and I fully and knowingly accept these risks. I therefore release CB, CSMKC, the Colorado School of Mines ("CSM"), their officers, agents, and employees, and any and all volunteers or paid instructors from any and all liability, now and in the future, arising from or in connection with the activities of and concerning CB, CSMKC, and CSM.

Further, I understand that any medical treatment given to me will be of a first aid treatment type only.

Further, I certify that I am physically and emotionally sound, have medical approval to proceed with rigorous exercise, including physical contact, and assume full responsibility for my own well-being. I hereby waive any and all rights I may have to bring any legal action against any participant, CB member, the CB, CSMKC member, CSMKC, CSM representative, the CSM, or anyone else in connection with any injury I may suffer as a result of my participation in Friendship Cup 2011 ("FC11").

Further, I release the CB, CSMKC, and CSM from any and all liability, which would, could, or might arise from any act of omission on its part in connection with the FC10, the CB, CSMKC, and CSM.

If under 18 years of age, the approval of a parent or legal guardian is required.

I have read and understood the above.

(Signature)

(Date)

(Signature of Parent/Guardian)

(Date)