



ATA Regional Tournament

ATA TIGERS

3rd Family Member
Discount applied*



ATA # _____

Name: _____

DOB: _____

Competition Rank: _____

Gender Male Female

Competition Age: _____
as of 12/31/2017

School # _____ Region # _____ City/State: _____

Instructor: _____ School Phone: _____

ATA TIGER DIVISION

Mark all events to compete in:

- Traditional Forms/Sparring \$ 35
- One Steps (white/orange/yellow belts ONLY) \$ 25
- Traditional Weapons \$ 25
- Combat Weapon \$ 25

No multiple event discount for combat weapons

Creative /ATA - Xtreme Divisions:

Requires competing in corresponding Traditional Division(s)

- Creative Forms Xtreme Forms
- Creative Weapons Xtreme Weapons

1st Creative/ Xtreme event \$ 25
each additional Creative/Xtreme event \$ 15

TOTAL

**Turn in top portion with required tournament fees to your instructor for pre-registration or at on-site registration.
Keep competition forms below this line.**

ATA TIGER DIVISION

Traditional Forms/Sparring, Weapons , Combat Weapons

ATA # _____ N/A Name: _____

Male Female Age: _____ Rank: _____

School # _____ Region # _____ Instructor _____

Traditional Forms/Sparring One-Steps Traditional Weapons Combat Weapons Paid _____ Initial

Needs help No Yes: Form: _____ One Step: _____

ATA TIGER Creative Forms & Weapons

ATA # _____ N/A Name: _____

Male Female Age: _____ Rank: _____

School # _____ Region # _____ Instructor _____

Creative Forms Creative Weapons Paid _____ Initial

ATA TIGER ATA-Xtreme Forms & Weapons

ATA # _____ N/A Name: _____

Male Female Age: _____ Rank: _____

School # _____ Region # _____ Instructor _____

Xtreme Forms Xtreme Weapons Paid _____ Initial

ATA # _____ NAME _____ Gender _____

School# _____ School Owner _____

HOLD HARMLESS AND 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 the application to register, I was given an opportunity to ask any questions that I may have had 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 Taekwondo Program. These procedures and rules apply not only during my training, but also to participation in this tournament.

As a part of the agreement in allowing me to participate in this tournament, I agree that the American Taekwondo Association (including its officers, employees, agents, tournament organizers, and any other student) will not be held responsible for my safety nor do any of these parties assume any responsibility as a guardian or a fiduciary. This specifically means that no one listed in this paragraph or associated with the American Taekwondo Association (including anyone connected to the tournament) will be held liable for any injury, death or any other damages caused to me or to my family, descendants, heirs or anyone assuming any rights on my behalf, and I specifically waive any claim I may have against such persons or individuals.

As further consideration and as a basis for allowing me to participate in this tournament, I agree to assume any and all risk of harm, and I specifically agree to release the American Taekwondo Association (including anyone connected to the tournament) as it relates to any damage, harm or injury that I might suffer, even if the event causing damage, harm or injury was foreseeable or if such damage, harm or injury was created or caused by the negligent act of the parties I am releasing (this release will not apply to any intentional act). This agreement to hold harmless shall apply to any claim by me or my family, including my estate, heirs or any personal representatives in the event of my death for any damage, injury, or harm that should occur by my participation in any training, tournament, summer camp or other program related to this participation in the American Taekwondo Association.

I state that I am of legal age (at least 18 years of age) and that no court has declared that I cannot sign such documents. I understand that this is a binding agreement and that I have read this agreement and I understand what it means. I represent that I am in good health and that I assume responsibility for my continued physical condition and capability to participate in the ATA Taekwondo training and related activities.

Witness Signature (Co-sign if competitor is a minor) Date

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

As the parent and/or legal guardian of the person named above, we hereby wish to register _____, a minor in this ATA Regional Tournament and after reading the above terms and conditions, we 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 agree to indemnify and save harmless the American Taekwondo Association (including anyone connected with the organization) 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 claim against the above named persons (including legal fees to defend such action) and to pay 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. As further consideration for allowing the minor to enroll in this tournament I personally waive (give up) any claim or cause of action that may I may personally have as the parent or legal guardian on the event of any harm, injury, or damage

MEDICAL RELEASE: I, _____, on my own behalf or 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 this event. I agree to be responsible for all costs related to such medical treatment.

Medical Information:

Doctor's Name: _____ Doctor's Phone: _____

Medical Insurance Coverage: _____ Policy Number: _____

Identification Number: _____

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

Minor's Name (if applicable) Signature Date