

*I HEREBY VOLUNTARILY SUBMIT MY APPLICATION FOR ATTENDANCE AND PARTICIPATION IN THE SOUTH CENTRAL TAE KWON DO TOURNAMENT, SPONSORED BY SOUTH CENTRAL TAE KWON DO AND DIRECTED BY ITS AFFILIATED MEMBER SCHOOLS. I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES, OR LOSSES THAT I SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING OR PARTICIPATING, AND I HEREBY WAIVE ALL CLAIMS AGAINST THE PROMOTERS, OPERATORS OR SPONSORS OF SAID TAE KWON DO TOURNAMENT AND , INDIVIDUALLY OR OTHERWISE, FOR ANY CLAIM FOR INJURIES THAT I MAY SUSTAIN.*

*I FULLY UNDERSTAND THAT ANY MEDICAL TREATMENT GIVEN ME WILL BE OF FIRST AID TREATMENT TYPE ONLY.*

*SIGNATURE*

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*CO-SIGN*

*(UNDER 18)*

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*ALL ENTRIES MUST BE SIGNED FRONT AND BACK*