

**KYOKUSHIN CHALLENGE TOURNAMENT**  
Assumption of Risk and Release from Liability

In consideration of being allowed to participate in the sport of martial arts, an activity that involves physical contact and potential injury, I **hereby voluntarily assume all risks in participating in the Kyokushin Challenge martial arts tournament, including travel to or from participation sites.** I understand that supervision by tournament coordinators is not provided and by participating in this tournament, I am **exposing myself to the risk of injury including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, or spinal injuries, loss of use of arms and/or legs, eye and/or mouth damage, disfigurement or even death.** I am also aware that there are other inherent risks of injuries that may occur by my participation in the Kyokushin Challenge tournament that cannot be specifically listed. I certify that I am fit to participate in the Kyokushin Challenge Tournament and do not have any person to person transferable infectious diseases (such as HIV, Hepatitis B & C, etc).

I have carefully read the Assumption of Risk and Release from Liability and fully understand its contents. This agreement is between the Kyokushin Challenge tournament coordinators, facility and its employees, and myself, and I have signed the document of my own free will. I hereby release all parties from any and all liability as a result of my participation in the Kyokushin Challenge tournament.

*Participant Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Signature of the Witness to the Signing of this Document: \_\_\_\_\_

If signee is under the age of 18, parent or legal guardian MUST sign: \_\_\_\_\_

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**Tournament Registration**

*Last Name:* \_\_\_\_\_ *First Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *City:* \_\_\_\_\_ *State/Province:* \_\_\_\_\_

*Age:* \_\_\_\_\_ yrs *Gender:* Male Female (circle one) *Weight:* \_\_\_\_\_ lbs *Height:* \_\_\_\_\_ ft \_\_\_\_\_ in

*Kata* \_\_\_\_\_ *Kumite* \_\_\_\_\_ *Kata & Kumite* \_\_\_\_\_

*Martial Arts System:* \_\_\_\_\_ *Dojo:* \_\_\_\_\_ *Current Rank:* \_\_\_\_\_ *Experience:* \_\_\_\_\_ yrs

*Pre-existing Injury* (briefly describe): \_\_\_\_\_

*Emergency Contact Person:* \_\_\_\_\_

Name

Phone Number

*Medical Insurance Provider:* \_\_\_\_\_ *Policy #:* \_\_\_\_\_

**NOTE:** the tournament coordinators strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We also encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy that will cover injuries or illness that may occur due to participation in activities such as the Kyokushin Challenge tournament.

----- Official Use Only -----

Receipt of Payment

Participant: \_\_\_\_\_ Amount: \_\_\_\_\_ Collecting Agent: \_\_\_\_\_