

# AMERICA'S CUP Martial Arts Open Championship

September 23, 2023

**Deadline for PRE REGISTER 9/15/23: 2 EVENT = \$79.00 + \$10 EACH ADDITIONAL EVENT**  
**REGISTER after 9/16/23 to 9/22/23: 1 EVENT = \$89.00 + \$15 EACH ADDITIONAL EVENT**

**\*\*\* REGISTRATION FORM, PLEASE FILL OUT COMPLETELY \*\*\***

NAME: \_\_\_\_\_ PHONE( \_\_\_\_\_ ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SCHOOL NAME: \_\_\_\_\_ INSTRUCTORS NAME \_\_\_\_\_  
SCHOOL ADDRESS: \_\_\_\_\_ SCHOOL PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_  
BELT COLOR \_\_\_\_\_ RANK/GEUP \_\_\_\_\_

**FOR SAFETY OF ALL, INFORMATION MUST BE ACCURATE. INACCURATE INFO. WILL RESULT IN DISQUALIFICATION.**

## I WISH TO COMPETE IN:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> TRADITIONAL FORMS | <input type="checkbox"/> POWER BREAKING | <input type="checkbox"/> WOOD BREAKING    |
| <input type="checkbox"/> CREATIVE FORMS    | <input type="checkbox"/> HIGH JUMP KICK | <input type="checkbox"/> POINT SPARRING   |
| <input type="checkbox"/> WEAPONS FORMS     | <input type="checkbox"/> BLASTER PADS   | <input type="checkbox"/> OLYMPIC SPARRING |

TOTAL EVENTS = \_\_\_\_\_ TOTAL PAID = \$ \_\_\_\_\_ VERIFIED \_\_\_\_\_

**✍ PLEASE SIGN REVERSE SIDE TO COMPLETE YOUR APPLICATION ✍**

**SEND FORM/PAYMENT PAYABLE TO: TKA**

**7000 E Colfax Ave, Denver, CO 80220 PHONE (303) 388-1408**

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**HOSTED BY TIGER KIM'S ACADEMY**  
**(303) 388-1408**

SPONSORS:



# Martial Arts Event Waiver

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

In Consideration of being permitted to participate in any way in the Tiger Kim's Class/Event//Tournament (hereinafter 'Event') I/the Minor, for myself, my personal representatives, assigns, heirs and next of kin:

I/The Minor fully understand the nature of Taekwondo/MMA/Martial Arts/Events and acknowledge my/ the Minor's experience and capabilities and believe I /The Minor are qualified to participate in such a Event. I/ The Minor further acknowledge that I/ The Minor am/are aware that the event will be conducted in facilities open to the public. I am healthy not sick with the covid virus/ The Minor further agree and warrant that if at any time, I believe conditions are unsafe, I/ The Minor will immediately discontinue further participation in the tournament, understand there will be no refunds for not competing and or have missed the event in which I have signed up for.

I/The Minor fully understand that:

(a) Taekwondo / MMA / Martial Arts / Tournaments involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death; (b) These RISKS and dangers may be caused by my/ or The Minor's own actions or inactions, the actions or inactions of others participating in the Tournament, the conditions in which the Event takes place, or the NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) There may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES, either not known to me /or the Minor or not readily foreseeable at this time; and I /The Minor FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I /The Minor incur as a result of my participation, or that of the Minor, in the Event.

I/The Minor recognize and fully comprehend that All Martial Arts are motion contact sports, as dangerous as football, skiing, boxing, or sky diving. I fully comprehend that the possibility of physical injury, of any degree, is always possible, sickness, covid virus or even death, and I/ the Minor knowingly and freely assume all such risks. I/ the Minor understand the event rules and agree to follow the rules.

I/The Minor grant permission to the Event to photograph my image, likeness, or depiction and/or that of my minor children (if applicable). I hereby grant permission to the Event to edit, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used by the Event for any purpose, including educational, and advertisement purposes, and in any medium, including print and electronic throughout the world.. I understand that the Event may use such photographs with/without associating names thereto. I further waive any claim for compensation of any kind for the Event's use or publication of photographs of me or minor children.

I/ The Minor HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS Event, Tiger Kim's Academy, CO State AAU, Grand/-Master Tiger Kim, Kimhosul, Horang, World Taekwondo Federation, World Taekwondo MoodukGwon Association, Instructors, Staff, Sponsors, All members of all Event committees, and the school and or club where the tournament may take place, or anyone who has a vested interest in the Event, their respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of the premises on which the Event takes place (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "RELEASEES" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone of my/the Minor's behalf makes acclaim against any of the "RELEASEES" named above, I /The Minor WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE "RELEASEES" FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST AS MAY INCUR AS A RESULT OF ANY SUCH CLAIM..

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/ THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THE AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian  
(If Participant is Under 18 Years Old)

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(If Participant is Under 18 Years Old)

\_\_\_\_\_  
Date

MUST BE COMPLETED TO PARTICIPATE IN THIS EVENT, UNCOMPLETED WAIVERS WILL NOT BE ABLE TO PARTICIPATE.