

Veterans of Foreign Wars VFW Post 9400

# Veteran's Benefit – Max Point

April 13, 2019

\$40 – 1<sup>st</sup> two events, \$5 for 3rd event  
\$5 Spectator Fee – children under 5 are free  
Black Belt Judges compete for \$20 all events if they judge  
Must attend the Black Belt Meeting at 8:45

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Contestant's Name	Birth Date	Age	Sex	Belt Rank
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Address	City	State	Zip
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Email	Phone
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School Information: CIRCLE THE SCHOOL BELOW OR FILL OUT DETAILED INFORMATION IF NOT LISTED

Arizona Family	No Limits	Horizons	Red Dragons	WCA
Paradise Valley	Many Ways of Def.	Attitude 1st	SW Fighting Arts	Tim Hope

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Martial Arts School	Instructor	Style	School Email Address
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School Address	City	State	Zip	Phone
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Competing Division Information: Circle all Events and Circle Your Rank

Kata (Forms)	Kobudo (Weapons)	Kumite (Sparring)	
Beginning	Intermediate	Advanced	Total Number of Years Studying _____

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CONTESTANT RELEASE – In signing this Registration Form I hereby give permission for the contestant to participate in the above referenced karate tournament ("Tournament"). Acting for myself, or as the parent or legal guardian for the Contestant, I hereby assume all risk of injury to the Contestant while attending, participant in and/or traveling to and from the Tournament. I am aware that this is an activity that may involve physical contact and that injuries may occur which may potentially involve bodily harm or even death. Acting for myself, my heirs, personal representatives and assigns, I hereby release Mike Wall, Paradise Valley School of Karate ("PVK"), United States Karate Alliance, Inc., United States Karate-Do Kai and their shareholders, directors, employees, agents, representatives and volunteers and any and all competitors or participants in the Tournament, individually and collectively, from any liability connected with this Tournament now and forever. As a parent or legal guardian of the Contestant, I agree to indemnify and hold the afore-mentioned organizations and individuals harmless for any loss or expense by reason of any claim by the minor child to whom I am a parent or legal guardian. I hereby state that the Contestant is physically fit and properly trained to participate in this Tournament and that the Contestant does not suffer from any physical or mental condition which may affect their participation in this Tournament. I understand that any action that results in the contestant's disqualification will not entitle me to any refund of monies paid to participate in the Tournament. I acknowledge that there is no medical insurance coverage afforded to the contestant in the event that the Contestant is injured while attending or participating in the Tournament. Contestant, or Contestant's parent or legal guardian, hereby authorizes PVK, and those entities or individuals authorized by PVK, to record Contestant's picture and voice by any recording means whatsoever, to edit such recordings at its discretion and to use and license others to use such recordings in any manner of media, including unrestricted use for purposes of publicity, advertising and sales promotion and to use Contestant's name, likeness, voice and biographic or other information in connection therewith.

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Contestant's Signature	Parent/Legal Guardian Signature	Date
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# of Spectators \_\_\_\_\_ X \$5 = \_\_\_\_\_ Event Fees \_\_\_\_\_ Total \_\_\_\_\_