

SPRING FELLOWSHIP TOURNAMENT - Registration Form

Sunday, May 7, 2023 Coe Memorial Park Civic Center, 101 Litchfield Street, Torrington CT 06790

<b>Competitor Information</b>		
<b>Participant Name:</b> _____		<b>Phone #:</b> _____
<b>Name of Parent/Guardian:</b> _____		
<b>Email:</b> _____		<b>Rank:</b> _____
<b>Date of Birth:</b> ____/____/____	<b>Age:</b> _____	<b>M/F:</b> _____

<p><b>Registration Fee:</b>  <b>\$40 (goes up to \$50 after April 15)</b>  <b>Paid?</b> _____  <b>Events (Check all that apply)</b>  <input type="radio"/> Forms  <input type="radio"/> Sparring  <input type="radio"/> Weapons  <input type="radio"/> Breaking*  <small>*Colebrook Academy students only</small></p>	<ul style="list-style-type: none"> <li>• Registration Deadline: Saturday, April 29, 2023.</li> <li>• Tournament hours: 10:00 – 4:00.</li> <li>• Rings assignments and times will be announced prior to the day of the event.</li> <li>• Sparring participants must provide their own protective gear, which must be worn throughout the sparring event, including head, hand and foot gear, mouth guard and groin protection (for male competitors).</li> <li>• Masks optional but encouraged</li> </ul>	<p><b>Order Commemorative T-shirts: only \$10 each! <u>April 1 Deadline</u></b>  <b>Kids: S_____ M_____</b>  <b>Adults: M_____ L_____ XL_____</b>  <span style="padding-left: 100px;"><b>XXL_____</b></span>  <b>Total #</b> _____  <b>Total \$</b> _____ <b>Paid?</b> _____</p>
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**Release and Waiver of Liability**

In consideration for the right to participate in this tournament, the adult participant or the parent(s) and/or legal guardian(s) of the minor participant named above agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the event, he or she will inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE FURTHER.
2. I/We fully understand and acknowledge that:
  - There are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
  - The social and economic damages or losses and/or damages, which could result from these risks and dangers described above, could be severe.
  - These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to the Releasees named below.
  - There may be other risks that are unknown to us or are not reasonably foreseeable at this time.
3. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Torrington Family Kempo dba Keith Mutch, The Family Dojo dba/ Sean Byrne, and/or Colebrook Karate Academy/Kim Janak their officers and employees, owners, managers, promoters, lessees of the premises used for the event, premises and event inspectors, underwriters, consultants, tournament officials and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the tournament, and each of them, their directors, officers, agents, employees all for the purpose herein referred to as "Releasee," from all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next of kin for any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the event, caused, alleged to be the cause in whole or in part by the negligence of the Releasee, or otherwise.
5. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as is permitted by the laws of the State of Connecticut and that if any portion is held invalid, it is agreed that the balance shall notwithstanding continue in full force and legal effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Printed name of Competitor (if over 18) or Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_