



South Calgary Wado Kai Karate Club

Competitor Information

| | | | | |
|----------------|----------|----------------------------|---|------------------------------------|
| Name | (First) | | (Last) | |
| Rank | | Age (as of tournament day) | Male | Female |
| Club | | | | |
| Sensei | | | Pass Book Number (some may not have one yet) | |
| Events (check) | Workshop | Kata | Kumite | Vgco Kumite Shindo Black Belt Team |

Tournament Waiver

Participant information, waiver of claim and assumption of risk

Please read carefully before signing; all participants are required to have this form properly completed and on record with tournament officials before participating. In consideration of the benefits received by me and of permission granted now and in the future to participate in the tournament, I agree and acknowledge that:

1. I have met all the of the prerequisites and conditions required for participating in the tournament.
2. I will abide by the rules and decisions imposed on the participants of this tournament
3. I recognize there are risks and hazards inherit in the very nature of the tournament and that as a result of these risks and hazards, I as a participant may suffer accident, personal injury, including death, as well as loss or damage to personal property I nevertheless freely and voluntarily assume the aforesaid risks and hazards and accordingly my participation in any way in the tournament shall be entirely at my own risk.
4. I agree now and in the future to indemnify, hold and save harmless from any claim (including medical services), liability, suit, action, or any other proceeding of any kind arising from my participation in the tournament, the South Calgary Wado Kai Karate Club, the Shintani Wado Kai Karate Federation, Deer Run Community centre, Calgary Parks & Recreation, South Fish Creek Recreation Complex, their officers, agents, employees, instructors, fellow participants, or authorized guests.
5. The tournament officials may secure such medical advice and services as they, in their sole discretion, may deem necessary for my health and safety and the competitor shall be financially responsible for such advice and services.
6. This INFORMATION, WAIVER OF CLAIM and ASSUMPTION OF RISK is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.
7. The South Calgary Wado Kai Karate Club is collecting this information in accordance with the Personal Information Privacy Act (2003). We will use this information to maintain membership lists under the requirements of the Societies Act (1980), to provide phone/email lists to members, to contact members with information about the club and SWKKE, and in the event of an emergency. We will not share this information with any third parties without prior written consent. By signing this form, you consent to this use of the information you provide.
8. Permission to publish first name and last initial and/or photographs of competitors (please initial)

| Click applicable Payment | Workshop | Tournament | |
|--------------------------|----------|------------|-------|
| Kyu Belt Individual | \$10 | \$20 | |
| *Black Belt Individual | \$10 | \$10 | \$20 |
| Family Rate | \$25 | \$50 | Total |

**Black Belts who assist in judging \$10 for competition*

- ⇒ Participant Name _____
- ⇒ Signature or Signature of Parent or Guardian (if under 18 years of age) _____ OR
- ⇒ agree that return of this completed form 'ku considered' ci t ggo gpv'yj g'Vqwt pco gpv'y cklxt "'ej gem
- ⇒ Dated at _____, AB on _____
- ⇒ Payment: cheques made payable to South Calgary Wado Kai Karate