

**WKU WORLD USA NATIONAL CHAMPIONSHIPS
REGISTRATION FORM
UNDER BLACK BELT DIVISIONS**

(Print clearly)

Name _____ Age _____ Date of Birth _____

Address _____ City _____

State _____ email _____

Instructor's Name _____ School _____

Belt color _____ Circle Gender **Male / Female**

(check the box)

**Weapons [] Forms [] Sparring [] Weapons with Music []
Forms with Music [] Flag Sparring [] (11 & under only)**

Waiver

The undersigned, hereby releases Vic and Lori Stanley, Stanley's East-West Karate Inc., WKUWORLDUSA, Vanderburgh County 4H Center along and all persons and entities associated with this event in any capacity, from any and all liabilities of any nature due to any injuries of any nature that may result or arise from my attendance and/or participation at the above specified event. Furthermore, I hereby release and authorize the use of any pictures, movies, media coverage, etc. utilized by those associated with this event at any time, and waive any claim to any compensation of any nature for the use of the same.

I Clearly understand that the sparring aspect of this sport involves physical contact and may result in bodily harm. I have read, understand, and agree to abide by the rules associated with this event and assume all responsibility and associated liabilities for infringement of such rules, and in consideration of being permitted to participate in this event. I agree to defend and indemnify and hold harmless the above named persons from any and all claims of any nature arising from my participating in this event. I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at said WKUWORLDUSA National Championships.

Competitor signature and/or Parent or Guardian
If Competitor is under the age of 18 years old.

Date