

Kickin' It!

7th Annual Martial Arts Tournament

Benefiting



Stop Children's Cancer

REGISTRATION

(One form required per competitor)

Competitor Name: _____ Age: _____ Belt Color/Rank: _____

Parent/Guardian Name(s): _____

Address: _____

Email: _____ Phone: _____

Martial Arts School: _____

Event Choices: FORMS, SPARRING and WEAPONS (circle the Events you wish to enter)

\$45.00 early-registration (ends Thursday Oct. 17) or \$55 (after Thursday Oct 17 and at the door)

ONE ENTRY FEE FOR ONE OR ALL EVENTS

Spectator Tickets: _____ @ \$5 each = \$ _____ Families (4 or more) \$15 **TOTAL:** _____

Please make your check payable to **Stop Children's Cancer**.

Questions? Call Larry Hartfield at (352) 870-9575 or larry@hartfieldinsgroup.com

www.kickinitgainesville.com

WAIVER AND RELEASE

I, _____, on behalf of my minor child participating in the 7th Annual Martial Arts Tournament & Expo benefiting Stop Children's Cancer, hereby forego and dismiss any and all rights I/we have or may have against the 7th Annual Martial Arts Tournament & Expo benefiting Stop Children's Cancer, its organizers, sponsors, competitors, participants, spectators, and vendors resulting from any and all physical and mental injuries incurred or aggravated previously existing conditions while competing, participating, or spectating at the 5th Annual Martial Arts Tournament & Expo benefiting Stop Children's Cancer. I/we fully understand that martial arts and martial arts tournaments are inherently dangerous activities and that the likelihood for injury is significant. I/we realize and acknowledge that I/we are solely responsible for any medical attention and treatment that my child or I may need. I/we also realize that any medical attention given at the tournament site will be of the first aid type. I declare that my child is free of any physical or mental defects which might prohibit competition. By signing this release, I attest that I have fully read and understand the release and that my signature has been placed here freely and voluntarily without coercion, duress or influence. I/we also release any photos that might be taken by the tournament organizers, the media, or private citizens to be used for future advertisements.

Signed: _____ Date: _____

Printed Name: _____

Parent/Guardian of: _____



Guest Waiver

The guest fee is waived.

Name (please print) _____ Date Oct. 19, 2019

Address _____

City _____ State _____ Zip _____

Mobile Phone # _____ Date of Birth _____

Email Address _____

(Your email address and phone number will not be redistributed to any third party)

USE OF FACILITIES: It is expressly agreed that all exercise and treatments and use of all facilities shall be undertaken at guest's own risk, and the guest represents that he/she is physically able to undertake any and all physical exercise and treatments provided. Gainesville Health & Fitness Center, Inc. shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever to guest or property arising out of, or connected with, the use of any of the services and/or facilities. Guest does hereby expressly forever release and discharge the Gainesville Health & Fitness Center, Inc. and/or any of their affiliated companies from such claims, demands, injuries, damages, action, or causes of action, and from all acts of active or passive negligence on the part of such companies, corporations, clubs, their servants, agents, or employees. In the case of any accident, guest agrees and concedes that he/she will be examined at his/her own expense, by a licensed physician who shall report in writing to both parties.

It is further understood and agreed that Gainesville Health & Fitness Center, Inc., its directors, officers, agents and employees are not responsible for lost or stolen articles of clothing or other personal property.

I accept all terms and conditions of this offer.

Guest Signature _____ Date Oct. 19, 2019

Parent/Legal Guardian _____ Date Oct. 19, 2019
(if under age 18)

GHF Staff Debbie Lee _____ Date Oct. 19, 2019