Competitor Application Form

Competitor's Name: _____ _____
First Last

Date of Birth: _____ Age: _____ Gender: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: __(_____)_____

Email: _____

Rank: _____ Weight: _____ Height: _____

School: _____ Instructor: _____

Check all that apply: POOMSE (FORMS) ____ SPARRING ____

Additional: ONE STEPS ____ KEIBONS _____ BREAKING____ WEAPONS____

Amount Enclosed: _____ $55 For 2 Event pre-registration (Before Aug. 14)
_____ $65 for late registration and at the door (After Aug. 14)
Additional Events: _____ $10 each Additional event

Make check payable to: ***Tae Kwon Do School of Excellence***
65 West Central Ave.
Lake Wales, Florida 33853
ATTN: Master Chase Woolman

Liability Waiver

The below-named participant agrees to abide by all the rules set-forth and accepted by Tae Kwon Do School of Excellence. Rules will be supplied upon request. I agree to abide by any decisions of Tae Kwon Do School of Excellence, its instructors, employees, or agents regarding my ability to participate. I understand and appreciate the risk; the activity involves and danger of serious bodily injury, including permanent disability, paralysis, and death. Risks also include, but not limited to falling, physical contact with others and with objects used in training, which include pads and boards. In consideration of the acceptance of this application by Tae Kwon Do School of Excellence, I, on behalf of myself and all other persons or entities acting or entitled to act on my behalf, including my representatives, guardians, heirs, and assigns, hereby release Tae Kwon Do School of Excellence, Lake Wales High School, its instructors and agents. I also release Chase Woolman, and Shanda Woolman from any and all claim, damages, liabilities and cause of action of any kind, and hereby voluntarily and knowingly waive such claim, damages, liabilities and cause of action, and all rights hereto, for any injury received while participating in this event. Further, I understand and acknowledge that I am solely responsible for medical benefits or heath insurance assigned to me and on my behalf of any injuries I may suffer as I participate in this tournament or any other activity on any premises owned, leased, or used by those persons or entities for this event. Further, I understand that photographs and video may be taken as I participate in these activities and I grant full usage of my image and likeness for promotional, publicity, and advertising purposes connected with Tae Kwon Do School of Excellence, without any present or future claim for compensation or damages. I also covenant not to sue Tae Kwon Do School of Excellence, for any injuries up to and including death related to this event. Permission to participate in this event sponsored by Tae Kwon Do School of Excellence is conditional upon completion of this form. I fully accept all terms and conditions stated herein, and this acceptance is evidenced by my signature or that of my parent or guardian as appropriate affixed to this form in proper space below. All registrations are final and nonrefundable.

Signature: _____ Dated _____

Parent or Guardian: _____ Dated: _____
(if under 18)