**Jesse Adams and the Sioux Fall Kumdo Academy**

**Participant Waiver/Release Form and Registration**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*“****Participant****”*)

Last First Middle

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jesse Adams and the Sioux Falls Kumdo Academy (SFKA) is sponsoring the following event: **The Sioux Falls Scrimmage** (*“****Event****”*). I am the Participant named above and I wish to participate in the Event. I agree as follows:

1. **Assumption of Risk.** Although SFKA desires to provide a safe environment for the Event, I understand that accidents and injuries can still happen. I understand the risks and dangers involved in participating, and know those risks include the risk of death and the risk of serious personal injuries. I knowingly assume these risks by participating in the Event. I am fit enough to participate in the Event.

2. **Medical Consent.** I grant SFKA permission to call 911 for emergency medical aid or to take me to a physician or hospital for medical treatment, or both, if at the Event I become ill, sustain an injury, or otherwise require medical treatment. I give consent to any physician or emergency aid responder to administer drugs and perform any medical treatment that the physician or responder determines appropriate for the relief of pain or to preserve my life or health. I am responsible for all medical, rescue, transportation, and other expenses incurred on my behalf.

3. **Release of Claims.** To the full extent permitted by law, I release the SFKA from all Claims arising from the Event or my participation in the Event, whether those Claims exist now or arise in the future and whether those Claims or known or unknown, and I waive all those Claims. This waiver and release of Claims is binding on me and on any other person who asserts any Claim through me or on my behalf.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Participant/Parent or Guardian

I Wish To Participate In The Following: Your Gym\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rank\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kumdo/Kendo Team Sparring** - ($20.00/participant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Names of other two team members)

**Kumdo/Kendo Individual Sparring** - ($15.00/participant)

**Forms Competition** - ($10.00/participant) (Iaido minimum of 4 techniques, 2 from standing)

For your convenience lunch is offered. - ($10.00)

Please specify Beef Chicken or Spicy Beef & Pork

*We have an excellence Pho (Vietnamese noodle soup) restaurant in Sioux Falls. Large portions and very good ☺ (Beverage Included)*

**Cutting Seminar** - ($20.00/participant)

(Must be black belt, or instructor recommended)

**# of Tatami Mats desired \_\_\_\_\_ (limit 12)** - ($7.00/each) = \_\_\_\_\_\_\_\_\_\_

**Total Enclosed - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Registrations & fees MUST BE RECEIVED no later than FEBRUARY 19TH, 2016 to ensure delivery of Tatami Mats)

 ***MAKE CHECKS PAYABLE TO:*  JESSE ADAMS**

***MAIL TO:* 822 EAST 3RD STREET, CANTON, SD 57013**