North American Karate-Do Federation

Application, Liability Waiver & Medical Release

Applicant _____ **Date of Birth** _____ **Age** _____

Address _____ **City** _____ **State** _____

Phone _____ **E-mail** _____ **Zip** _____

Affiliated Training School or Club _____

I hereby make application to participate in a Karate Tournament under the direction of the North American Karate-Do Federation, Inc. also known as the NAKF.

I hereby acknowledge that all risks pertaining to the participation in this Karate Tournament have been fully explained to me and I hereby agree to participate in said Karate Tournament and assume all risk of injury including possible death which may result from said tournament.

In consideration of the acceptance of this application, I do hereby for myself, my family, heirs, executors, and administrators, waive and release any and all rights and claims for damages I, or the minor for whom I am parent/guardian and who is named herein as the applicant (hereafter called minor), may have against the said North American Karate-Do Federation, Inc., aka the NAKF, its instructors, officials, committees, employees, agents, servants, representatives, volunteers, members, and other participants at such tournament for any and all damages and injuries which may be suffered as a result of attending, participating at, practicing for, or travelling to or from said Karate Tournament. I further waive all rights to compensation in regards to any photographs or video tapes which may be taken of me or the minor/applicant in connection with this Karate Tournament and give full permission to the North American Karate-Do Federation, Inc. for use in publication or promotion on their behalf. I certify I or the minor named herein, is medically fit and suitable for participation in this Karate Tournament and that there are no limitations or restrictions on my or the minor's participation in said Karate Tournament.

In addition, I do hereby name and authorize the North American Karate-Do Federation, Inc., its instructors, agents, officers, employees, and/or volunteers to act in any and all matters which may require my consent during the period of this Karate Tournament. This authorization includes the rendering or failure to render and/or acceptance of any medical aid, medical care, hospitalization, and/or any other assistance deemed necessary for the proper care and well-being of myself and/or the minor during the period of this Karate Tournament and I accept full responsibility for any necessary or related expenses in this regard.

I, as parent/guardian of applicant, hereby represent that the minor is in my custody. I also hereby consent to said minor's participation in said Karate Tournament and understand the risks involved to the said minor child by participating and hereby assume all such risks.

Finally, I further agree that myself and/or the minor, my family, my heirs, executors, and administrators will not hold any of the entity or persons named in paragraph three above liable for any damages or injuries that I or the minor may sustain, and I further agree to accept any and all responsibilities for damages that I and/or the minor may cause to any person, structure, building, facility, or location connected in any way with this Karate Tournament and I agree to indemnify and hold harmless the entity or persons named in paragraph three above against any claims, actions, and/or causes of actions, for any injuries damages, and/or death which relate in any way to my or the minor's participation in said Karate Tournament, or by any means on said premises which may be initiated by said minor child or by any person on their behalf or by their personal representatives. Each of the undersigned further expressly agrees that the foregoing release, waiver, and indemnify agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth, Province, or State in which the event is conducted and if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

By affixing my signature below, I do hereby accept the conditions in full of this liability waiver and medical release. I certify I have read the above and understand its contents.

This is a legally binding agreement and if it is not understood, seek competent counsel.

Signed as a sealed instrument the date set forth hereinafter.

Applicant's Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

(Parent / Guardian and Applicant must sign if under 18 years of age.)