

*Tampa Bay Open Kick Off*  
*Florida Karate-Do League*  
**Kick Off**  
Qualifier

**REGISTRATION FORM AND MEDICAL/TREATMENT RELEASE FORM  
MUST BE FILLED OUT (TWO PAGES)**

**PLEASE PRINT**

**COMPETITOR'S NAME:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**CLUB/DOJO:** \_\_\_\_\_ **Chief Instructor:** \_\_\_\_\_

**DOJO ADDRESS:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless Lugo's Martial Arts, The Central Florida Karate-Do League, The Florida Karate Do Alliance, University of South Florida, all sponsors, volunteers and security staff and all their agents, officers, and employees, the instructors, volunteers, and anyone else connected to this event for any liability or injury I may sustain by the way of my traveling to or from, participating in or other direct or indirect involvement in said karate event I have entered. In addition, I hereby for now and forever, accept any and all responsibilities for any actions in conjunction with said event and the traveling to or from or participation in said event. I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW Finally, I agree to allow, without compensation, the unrestricted use of any photographs, films, or video tapes of myself.

**COMPETITOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_  
**(under 18 yrs old – minor)**

**TOURNAMENT FEE**

Application received on/before 02/20 /2018 = \$75 One or more events  
Late registration received on/after 02/21/2018 = \$80

**Check or money orders payable to: Luis Lugo and mail to 8811 Gunn Highway Odessa FL 33556**

**DIVISIONS: Please circle/check ALL that apply:**

4 years old                      6 years old                      8 – 9 years                      12 – 13 years                      16 – 17 years\*                      35 and over\*  
5 years old                      7 years old                      10 – 11 years                      14 – 15 years \*                      18 – 34 years\*

**Beginner** \_\_\_\_\_ **Novice** \_\_\_\_\_ **Intermediate\*\*** \_\_\_\_\_ **Advance\*\*** \_\_\_\_\_  
**less than 1 year**                      **1 –2 years**                      **2 – 4 years**                      **4 plus years**

\*\*Brown belts cannot enter less than Intermediate; Black belts cannot enter less than Advance regardless of time.

**MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_ **Date of birth** \_\_\_\_\_ **AGE** \_\_\_\_\_ **(as of 2/24/18)** **WEIGHT** \_\_\_\_\_

**YRS TRAINING** \_\_\_\_\_ **RANK** \_\_\_\_\_

**KATA** \_\_\_\_\_ **KUMITE** \_\_\_\_\_

**Medical Information:**

Check **one** below:  
I have NO medical problems \_\_\_\_\_ I have medical problems, but I am able to compete\* \_\_\_\_\_

\*If medical problem exists you MUST attach a Doctor's note.

**CONTINUED ON BACK**

# MEDICAL/TREATMENT RELEASE FORM

I, for myself, my personal representatives, assigns, heirs and next of kin ACKNOWLEDGE, AGREE, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that at any time I believe conditions to be unsafe; I will immediately discontinue further participation in the Activity.

I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Lugo's Martial Arts, The Central Florida Karate-Do League, The Florida Karate Do Alliance, University of South Florida,, all sponsors, volunteers and security staff and all their agents, officers, and employees, the instructors, volunteers, and anyone else connected to this event, related affiliated and subsidiary companies, associations, and affiliations, as well as the officers, directors, agents, employees, and assigns of each, and the clubs, Sensei's, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (all considered "Releasees" herein), and any other party indemnified and held harmless by all named above, FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL AND RECREATIONAL OPERATIONS AND ACTIVITIES, AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, I, or anyone on my behalf, makes a claim against any of the "Releasees," I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE "RELEASEES" from "any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

## MINOR RELEASE

AND, I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, in addition to all set forth above, understand the nature of the Activity and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such Activity. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE, and agree to indemnify and save and hold harmless each of the "Releasees" (as referred to above) from all liability, claims, demands, losses, or damages on the Minor's account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the "Releasees" named above, I will indemnify, save and hold harmless each of the "Releasees" from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

In case of an emergency, I give permission for myself or my child to receive medical treatment. In case of such an emergency, please contact:

\_\_\_\_\_  
(Print name) (Phone number)  
[under 18 yrs. old release must be signed by Parent/Guardian]

\_\_\_\_\_  
(Signature) (Relationship)  
[under 18 yrs. old release must be signed by Parent/Guardian]

\_\_\_\_\_  
(Date)