



2023 IL-DO Annual Friendship Tournament

COMPETITOR REGISTRATION FORM

Date: Saturday, October 28
Location: Beckman HS Gym
3588 Bryan, Irvine 92602

| # of Events | Registration <u>Aug 14-Sept 9</u> |
|-----------------|--------------------------------------|
| 1 event | \$100 |
| 2 events | \$120 |

Cash or Check payable to: ILDO
No registration or refunds accepted after Sept. 9.

Competitor Information **PRINT CLEARLY**

1. First (Competitor): _____ Last: _____

2. Gender: M or F Birthdate : _____ / _____ / _____ Age: _____ Belt: _____
month / day / year

3. School (X): _____ IL-DO TKD (Heritage) _____ Elite TKD (Woodbury)

4. EVENTS. Mark (the events you will participate in.)

Obstacle Course - Ages 3-5. All Belt Colors

Forms - 6 years & older. Ages 6 & up.

Sparring - Yellow & Above (BBC members) & Black Belts only. All Ages.

STOP BY THE OFFICE TO MEASURE YOUR WEIGHT & HEIGHT

*Sparring students only: Weight: _____ lbs Height: _____ ft _____ in

WAIVER: In consideration of the acceptance of my participation of the IL-DO Taekwondo Friendship Tournament hosted by IL-Do Tae Kwon Do Association, I certify that the above information is true and correct and hereby release, discharge and waive any and all responsibility of the IL-DO Friendship Tournament Committee, Referees, Instructors, and other competitors from liability for any injury, including death, and for damage to or loss of property which may be suffered by myself arising out of, or in any way resulting from or attributable in whole or in part to my traveling to, training for, being coached in, using any sports equipment in, or participating in the IL-DO Friendship Tournament. As a competitor or parent/legal guardian of the competitor, I give consent to any x-ray exam, medical, chiropractic, dental or other treatments deemed necessary for the safety and welfare of the contestant. I further authorize medical treatment for myself, at my cost, if the need arises. I further grant the release parties the right to photograph and/or videotape me and further to use my name, face likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no exercise said rights herein granted.

I have read this agreement, fully understand it's terms, understand that I and the minor have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

- I have read the waiver and agree to terms & conditions stated above. _____ **initial**
- I have received & read the Rules & Regulations . I understand if I do not follow all the rules I (competitor) will be disqualified . _____ **initial**

Print Name: _____
Parent/Guardian or Adult Competitor Signature Date

Cell Phone:(_____) _____ **E-mail:** _____

Yes, I would like to VOLUNTEER at the tournament (For 13yrs & older).