

# IAMA Tri-State Championship

## Registration

Competitor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Rank \_\_\_\_\_ Instructor \_\_\_\_\_

School \_\_\_\_\_

Event(s) entering (Please place an X in each appropriate box)

Forms     Weapons     Breaking     Point Sparring     Continuous Sparring

Entry Fee: One or two events = \$55.00 Each additional event = \$5.00 **CASH ONLY – NO CHECKS – NO REFUNDS**

### Liability Waiver

In consideration of the acceptance of my entry, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which may occur to me against, Indiana Academy of Martial Arts, The American Martial Arts Alliance and all personnel related to this tournament, the facility to which said tournament is held, and all respective officers, agents, representatives, successors, and/or assigns and against any competitor for any and all damages which may be sustained by me in connection with my association with, or entry in, the above event. I understand that martial arts is a body contact sport, and further understand and consent to all the general rules governing such a competition. I understand that protective pads are mandatory for all sparring competitors and furthermore that protective athletic cups are required for all male participants. I also agree that any pictures taken of me during the competition may be used for publicity in any way.

Competitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 21, parent or guardian)

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Competitor Name \_\_\_\_\_

Rank \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_

Forms     Weapons     Breaking

Point Sparring     Continuous Sparring