

# Open Martial Arts Tournament

Saturday, December 8, 2007

Hosted by The Academy of European Swordsmanship

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Division: \_\_\_\_\_

Gender: \_\_\_\_\_ Style: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_ Fax: \_\_\_\_\_

I, the undersigned, do hereby voluntarily submit my application for attendance to participate in The AES Open Martial Arts Competition to be held Saturday, December 8, 2007. I do hereby assume full responsibility for any and all damages, personal injury or losses that I may sustain or incur, however caused, while attending or participating in the said competition. I hereby release the promoters, organizers, and sponsors of the competition, individually or otherwise, including, but not limited to, The Academy of European Swordsmanship, and its directors, officers, agents, employees, successors and assigns, of and from any and all claims, demands, debts, sums of money, actions, administrative proceedings, causes of action or suits, of whatever kind or nature, and costs arising from my attendance at or participation in this AES Open Martial Arts Competition, which I or my executors, administrators, legal representative, or assigns, has or will have, including, but not limited to, those arising as a result or in connection personal injury or bodily harm or death or other injury, whether mental, psychological or physical, which I may sustain or incur during my attendance at and participation in said Competition. I do hereby acknowledge and fully understand that any medical treatment given to me during said Competition will be of the "first aid" type only. I understand and acknowledge that medical assistance other than that of the "first aid" type shall not be present or available on site.

I hereby give my consent that any pictures furnished by me or any pictures taken of me in connection with the tournament can be used for publicity, promotion of television showing now or in the future, and I waive and forgo my right and entitlement to receive any compensation in regard thereto.

**I have read and fully understand the above waiver.**

**(If you are under 18 years of age, your parent or guardian must sign this waiver)**

Signature of Contestant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Full Foam Safety Kicking, Punching and Headgear are required for all sparring events!**

**\$25.00 tournament fee. Spectators welcome.**

**Please make cheques payable to: "The Academy of European Swordsmanship"**

**Send to: 361 Silver Berry Road, Edmonton, AB T6T 1Z8**