

Liability Waiver, Release and Indemnification Agreement Santa Cruz Open TKD Championship 2024

IN CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATING IN THE SANTA CRUZ OPEN TKD CHAMPIONSHIP, I DO HEREBY ACKNOWLEDGE THAT BECAUSE OF MY PARTICIPATION IN, TRAVELING TO, AND RETURNING FROM APTOS HIGH SCHOOL, I MAY SUFFER BODILY INJURY, DEATH, AND OR LOSS OF PROPERTY. I DO HEREBY FOR MYSELF, MY HEIRS, PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, AND ASSIGNS, RELEASE, AQUIT, WAIVE FOREVER, DISCHARGE, HOLD HARMLESS AND AGREE TO IDEMNIFY THE SPONSOR, SANTA CRUZ OPEN TKD CHAMPIONSHIP, AND ANY OTHER PERSONS OR ORGANIZATION CONNECTED WITH THE SAME OF, FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, COSTS, DAMAGES, ACTIONS, CAUSE OF ACTION OR SUITS OF ANY NATURE OR KIND SHATSOEVER THAT I, MY HEIRS PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, ASSIGNS, OR ADMINISTRATORS MAY NOW OR HEREAFTER HAVE OR CLAIM TO HAVE, ON ACCOUNT OF OR ARISING OUT OF PERSONAL INJURIES, DEATH, AND OR DAMAGE TO MY PERSON OR PROPERTY OR LOSS OF TIME, LOSS OF SERVICE, OR FOR EXPENSES INCURRED, OCCURRING TO ME BECAUSE OF, OR IN ANY WAY RELATED TO, MY TRAINING FOR, MY TRAVELING TO, MY PARTICIPATING IN/AT, AND MY RETURNING FROM APTOS HIGH SCHOOL OR THROUGH THE USE OF ANY AND ALL FACILITIES, MEANS OF AIR TRANSPORTATION OR GROUND TRANSPORTATION CONNECTED HEREWITH.

FURTHER, I HEREBY GRANT PERMISSION IN CASE OF INJURY OR EMERGENCY, TO AN ATHLETIC TRAINER AND/OR QUALIFIED MEDICAL STAFF, TO PROVIDE ME WITH NECESSARY MEDICAL ASSISTANCE AND/OR TREATMENT. I DO HEREBY FOR MYSELF, MYSELF, MY HEIRS, PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, AND ASSIGNS, AQUIT, RELEASE, WAIVE, FOREVER DISCHARGE THE UNITED STATES OF AMERICA TAEKWONDO, INC, THE CALIFORNIA STATE TAEKWONDO ASSOCIATION, KOREAN MARTIAL ARTS ACADEMY, REPRESENTATIVES, COORDINATORS, AND ASSOCIATES, THE MANAGER TRAINER(S), INSTRUCTORS, DOCTORS, AND THEIR REPRESENTATIVES OFFICERS, AND/OR DIRECTORS OF AND FROM ANY AND ALL LIABILITY ACTIONS, CLAIMS, DEMAND OR SUITS WHATSOEVER WHICH I MAY NOW OR HEREAFTER HAVE OR CLAIM TO HAVE, ON ACCOUNT OF ANY INJURYOR HARM SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH SAID MEDICAL ASSISTANCE AND/OR TREATMENT.

I CERTIFY THAT MY PHYSICIAN HAS EXAMINED ME AND CERTIFIED THAT I AM IN GOOD PHYSICAL CONDITION AND HAVE NO DISEASE OR INJURY THAT WOLD IMPAIR OR BE COMPLICATED BY MY PARTICIPATION IN THE SANTA CRUZ OPEN TKD CHAMPIONSHIP.

I AGREE TO ACCEPT ANY AND ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF ANY AND ALL MEDICAL ASSISTANCE AND/OR TREATMENT AND ANY RELATED EXPENSES PROVIDED IN CONNECTION WITH INJURIES I MAY INCUR WHILE ATTENDING THE SANTA CRUZ OPEN TKD CHAMPIONSHIP.

IF AN ACT OF VANDALISM CAUSES DAMAGE TO PERSONAL AND/OR REAL PROPERTY OF THE FACILITIES, STRUCTURES, BUILDINGS, OR PREMISIS UTILIZED BY OR RELATED TO IN ANY WAY TO THE SANTA CRUZ OPEN TKD CHAMPIONHIP, I UNDERSTAND AND AGREE THAT DISCIPLINARY ACTION WILL PROHIBIT MY PARTICIPATION IN THE SANTA CRUZ OPEN TKD CHAMPIONHIP, IF I AM FOUND TO BE INVOLVED WITH ANY ACT OR ACTS OF VANDALISM. FURTHER, I HEREBY AGREEE TO PAY FOR ANY AND ALL DAMAGES CAUSED BY ANY ACT OR ACTS OF VANDALISM IN WHICH I PARTICIPATE.

IT IS FURTHER AGREED, THAT IT IS COMPULSORY AND MANDATORY THAT THIS LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT BE COMPLETED IN FULL AS PRECEDENT TO THE SANTA CRUZ OPEN TKD CHAMPIONHIP APPLICATION FORM BEING ACCEPTED. THE COMPLETED LIABILITY WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT IS INCORPORATED BY REFERENCE AS A PART OF THE SANTA CRUZ OPEN TKD CHAMPIONSHIP APPLICATION FORM.

THIS FORM MUST BE SIGNED AND COMPLETED!

REQUIRED SIGNATURES:

Competitor's Signature: _____ Printed Name: _____ Date: / /

If under the age of 18: Parent/Guardian Signature: _____ Date: / /

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

MEDICAL INSURANCE INFORMATION:

Insurance Co: _____ Policy #: _____ Exp. Date _____