

BAHAMAS OPEN MARTIAL ARTS CHAMPIONSHIP, Dec 10-12, 2010

Competition Entry Form

Last Name _____ First Name _____ M/F _____ DoB _____ Yrs. Exp. _____ Wt. _____

Address _____ City/State/Zip _____

Phone _____ Email _____ Instructor _____

School Name/Address _____ School Phone _____

Enter division numbers from back page below (1 division per box). Visit www.kungfuchampionship.com for rules and notes.

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\$60 Early Registration (includes first event).....Must be postmarked by 11/12/10 \$ _____

\$70 Registration (includes first event) for registrations postmarked after 11/12/10 or received at the door \$ _____

Each additional event.....\$15.....[\$15 x _____] = \$ _____

Total Enclosed \$ _____

Spectator Tickets, Video Permits, & T-Shirts available at the door only

CASH ONLY AT THE DOOR. NO REFUNDS

Advance Payment by money order, Visa, Mastercard, or check payable to ICMAC. (\$30 fee for returned checks; \$5 processing fee for credit cards). NO REFUNDS

Visa or MasterCard Number																	
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Authorized Signature of Cardholder	Expiration																

I _____ the undersigned, knowingly and without duress submit my entry in the 2010 International Chinese Martial Arts Championship (ICMAC), owned by Alipes LLC (hereafter referred to as "the Championship") and the Bahamas Open Martial Arts Championship (BOMAC). I hereby assume all risk of physical and mental injuries, disabilities, and losses that may result from or in connection with my participation in the Championship. Acting for myself, heirs, personal representatives, and assignees, I hereby release the sponsors and promoters, the International Chinese Martial Arts Championship (ICMAC), Alipes, BOMAC, its agents, officers, associates, representatives, employees, volunteers, and all other related members from all claims, actions, suits, and controversies at law or in equity by reason of a matter, cause, or thing whatsoever that I may sustain as a result of or in connection with my participation in the Championship. I also understand that participation in this Championship, especially but not limited to continuous or full contact fighting matches, Shuai Jiao (Chinese wrestling), Chi Sao, sword fencing, and other reaction skills events, entails a great risk of injury, and I assume full responsibility for all of my actions intentional or otherwise. I fully understand that all full contact fighters (Sanda/San Shou) must have proof of personal insurance in order to participate. I fully understand that any medical attention or treatment afforded to me on site by the Championship will be of a first-aid nature only, and I release its agents, officers, associates, representatives sponsors, promoters, employees, volunteers, and other related members and entities from any liability from such aid. I consent that any pictures or video furnished by me or taken of me at the tournament can be used for publicity, promotion, or media showing now or in the future and I waive compensation in regards thereto. I have read and fully understand the above waiver.

COMPETITOR MUST SIGN (or Parent/Legal Guardian if competitor is under 18)

Date

Send **signed** form & **payment** to ICMAC Circuit Headquarters, 2116 Main St. Dunedin, Fl 34698 | Ph 727-734-2414 | Fax 727-734-2411
Bahamas residents only: Send **signed** form & **payment** to Empire Martial Arts c/o Kent Bazard, 8 Winsor Ave., Montague Hts, Nassau, New Providence, Bahamas N-555