

International Shoot Fighting Association (ISFA) - Entry Form

Gaylord Palms Resort, Orlando FL - July 8-10, 2011

(Please Print Clearly - All Fields Required)

Last Name		MI	First Name

Gender M/F _____ Birthdate _____ Weight _____ Yrs. Experience _____ Phone _____

Home Address _____ City/State/Zip _____

Email

Martial Arts School Name/Address _____

Instructor _____ School Phone _____

School Email _____ Website _____

Enter division numbers below (1 division per box). Visit www.kungfuchampionship.com for RULES and NOTES

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\$45 Registration Fee for Saturday Shootfighting Tournament \$ _____
 \$50 Registration Fee for Friday Shootfighting Seminar \$ _____

Total Enclosed \$ _____

Payment must accompany entry form.
Make advance payment by money order or
check payable to ISFA.
(\$30 fee for returned checks)
NO REFUNDS

CASH ONLY AT THE DOOR

I _____ the undersigned, knowingly and without duress voluntarily submit my entry in the International Chinese Martial Arts Championship, owned by Alipes LLC (hereafter referred to as "the Championship"). I 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 International Chinese Martial Arts Championship (ICMAC), Alipes, the International Shootfighting Association (ISFA), Karate With Out Borders (KWB), Gaylord Palms Hotels, and their agents, officers, representatives, sponsors, volunteers, and all other related members from all claims, actions, suits, and controversies at law by reason of a matter or cause sustained by me as a result of or in connection with my participation in the Championship. I understand that participation in the Championship, especially but not limited to sparring, Sport Sanda (San Shou), grappling, Shuai Jiao (Chinese wrestling), Chi Sao, kickboxing, amateur MMA (mixed martial arts), and other reaction skills events, entails a great risk of injury, and I assume full responsibility for my actions intentional or otherwise. 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, representatives sponsors, volunteers, and other related members and entities from any liability from such aid. I consent that pictures or video furnished by me or pictures or video 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 rules, regulations, and information published by the Championship and agree with them in their entirety. I understand that I may be dismissed from the Championship for unsportsmanlike conduct without refund of my entry fees. I have read and fully understand the above waiver.

DATE _____

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

Send **signed** entry form and **payment** to ISFA

10162 NW 50th St, Sunrise FL 33351 USA

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