

International Chinese Martial Arts Championship (ICMAC)

San Jose, Costa Rica, February 26-28, 2010

COMPETITION ENTRY FORM

Competitor Information

Name: _____

Address: _____

City _____ State _____ Zip Code _____

PHONE: () _____ - _____ Weight: _____

AGE: _____ GENDER: _____ EXPERIENCE: yrs. _____ mo. _____

Email: _____

School Information

School Name: _____

Instructor/Coach: _____

Address: _____

City _____ State _____ Zip Code _____

PHONE: () _____ - _____

Email: _____

\$40 Early Registration (includes first event).....Must be postmarked by 01/26/10

\$50 Registration (includes first event) for registrations postmarked after 01/26/10 or received at the door -----\$ _____

Each additional event.....\$10[\$10 x] = -----\$ _____

Total Enclosed \$ _____

See reverse side for division list..

Visit www.kungfuchampionship.com for rules, schedule, time limits, ticket prices, and additional information.

Advance Payment by money order, Visa, MasterCard, or check payable to ICMAC.
 (\$30 fee for returned checks; \$5 processing fee for credit cards)

CASH ONLY AT THE DOOR. NO REFUNDS.

Visa or MasterCard Number

Authorized Signature of Cardholder Expiration

All Full Contact fighters under age 18 must be accompanied by a parent in order to participate. If accompanied by a legal guardian, a notarized release consent form must be presented with registration. NO EXCEPTIONS!

I _____ the undersigned, knowingly and without duress do voluntarily submit my entry in the **2009 International Chinese Martial Arts Championship**, (hereafter referred to as "the **Championship**"). I hereby assume all risk of physical and mental injuries, disabilities, and losses which may result from or in connection with any participation in the **Championship**. Acting for myself, heirs, personal representatives, and assignees, I do hereby release the sponsors and promoters, the **Championship**, its agents, officers, associates, representatives, co-promoters, co-hosts, organizers, servants, 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 fighting **continuous** or **full contact** matches, 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) 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, servants, 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 any 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 above waiver.

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

US residents only send signed entry form & payment to:
ICMAC, 1370 Main St., Dunedin, FL 34698
 Phone 727-734-8222/Fax 727-734-2414

All other registrations send signed entry form & payment to:
ICMAC, Apartado 1290-1002 San José, Costa Rica
 Phone 506-8818-1848/Fax 506-2280-8304