

ICMAC Internal & Push Hands Championship, July 16-18, 2010

Competition Entry Form - St. Petersburg

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

Address _____ City/State/Zip _____

Phone _____ Email _____ Instructor _____

School Name/Address _____ School Phone _____

Enter division numbers below (1 division per box). Visit www.kungfuchampionship.com for updates. See back page for NOTES

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\$75.00 Early Registration (includes first event).....Must be postmarked by 6/12/10 \$ _____

\$90.00 Registration (includes first event) for registrations postmarked after 6/12/10 or received at the door \$ _____

Each additional event.....\$20.00[\$20 x _____] = \$ _____

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

Total Enclosed \$ _____

CASH ONLY AT THE DOOR

Visa or MasterCard Number																			
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Authorized Signature of Cardholder		Expiration																	

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

I, _____ the undersigned, knowingly and without duress do voluntarily submit my entry in the 2010 International Chinese Martial Arts Championship, owned by Alipes LLC (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 International Chinese Martial Arts Championship (ICMAC), its agents, officers, associates, representatives, promoters, sponsors, 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 ICMAC 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 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

Send **signed** entry form and **payment** to ICMAC Circuit Headquarters
1370 Main St. Dunedin, FL 34698 | Phone (727) 734-8222 | Fax (727) 734-2414
nick.scrima@kungfuchampionship.com | www.kungfuchampionship.com

Office Use Only
