

# Martial Arts Tournament Participant Waiver Form

## Participant Information

Full Name

Date of Birth

Age

Address

Phone Number

Email

Emergency Contact Name

Emergency Contact Phone

Martial Art / School / Dojo

Belt Rank / Level

## Medical Information

Please list any medical conditions, allergies, or medications

## Waiver and Release of Liability

I, the undersigned participant, acknowledge that participating in martial arts tournaments carries potential risks, including serious injury. I voluntarily assume all risks and agree to release and discharge the event organizers, staff, sponsors, and venue from any and all liabilities, claims, and actions that may arise from my participation.

I certify that I am physically fit and do not have any medical conditions that would prevent my participation. I also agree to abide by all rules and the decisions of the event officials.

If the participant is under 18 years of age, a parent or legal guardian must sign below.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date