

**2017 AMERICAN PRO-AM  
REGISTRATION**  
(please print clearly)

Name: \_\_\_\_\_  
(competitor)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Martial Arts School \_\_\_\_\_ Instructor \_\_\_\_\_

Age \_\_\_\_\_ Belt Color \_\_\_\_\_

Event (s) Entering (Place an X in each appropriate box)

**WEAPONS [ ]    FORMS [ ]    POINT SPARRING [ ]**  
**CMX FORMS [ ]    CMX WEAPONS [ ]**

*The undersigned, hereby releases Vic and Lori Stanley, Stanley's East-West Karate Inc., Vanderburgh County 4-H Center and all persons and entities associated with this event in any capacity, from any and all liabilities of any nature due to any injuries of any nature that may result or arise from my attendance and/or participation at the above specified event. Furthermore, I hereby release and authorize the use of any pictures, movies, media coverage, etc. utilized by those associated with this event at any time, and waive any claim to any compensation of any nature for the use of the same.*

*I Clearly understand that the sparring aspect of this sport involves physical contact and may result in bodily harm. I have read, understand, and agree to abide by the rules associated with this event and assume all responsibility and associated liabilities for infringement of such rules, and in consideration of being permitted to participate in this event. I agree to defend and indemnify and hold harmless the above named persons from any and all claims of any nature arising from my participating in this event. I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at said American Pro-Am.*

\_\_\_\_\_  
Participant's Signature (If under 18, Parent or Guardian)

\_\_\_\_\_  
Date