



CKMAF – Interschool Championship (non-contact)

First Name: _____ Last Name: _____

Age: _____ Name of School: _____ Belt Level: _____

Waiver and Release

I do hereby agree to participate in the Canadian Korean Martial Arts (CKMAF) Interschool Championship. I recognize the risks of injury that are common to any performing arts program that my child or I participate in and I do hereby waive and release the CKMAF from and against any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including attorney's fees and court costs, that arise out of my participation in this program. I hereby execute this Waiver and Release form permitting my minor child and / or myself to participate in the CKMAF program.

I have executed this Waiver and Release this _____ day of _____, 20_____.

Signature of Student or Parent or Guardian if under the age of 18

Competition 1: Patterns

First Name: _____ Last Name: _____

Age: _____ School: _____ Belt Level: _____

Competition 2: Sparring

First Name: _____ Last Name: _____

Age: _____ School: _____ Belt Level: _____
