

2017 Rocky Mountain Camp in Augusta, MT

UKAI Midwest Gasshuku

Sun Canyon Guest Ranch, Augusta, MT

REGISTRATION FORM & WAIVER

(This form may be copied. Each participant must fill out separate forms.)

ATHLETE LAST NAME															ATHLETE FIRST NAME									
ATHLETE MAILING ADDRESS																								
CITY/TOWN															STATE		ZIP CODE			AGE		SEX		
ATHLETE EVENING TELEPHONE			-		-			DATE OF BIRTH		-		DOJO LOCATION												
ATHLETE DAYTIME TELEPHONE			-		-			RANK		INSTRUCTOR/COACH														

August 2nd thru August 5th, from Noon until Noon.

\$250.00 per participant. Camp fee includes: 3 nights lodging, meals and TRAINING. We will be training in the mountains, but sleeping indoors and will enjoy modern living, indoor cooking and dining.

Participating includes lodging, meals and training \$250
Non-participating lodging in motel and eating with group / \$215
Non-participating Camping/RV, no meals included, Camp fee To be announced

The following assists us with rooming assignments, please mark.

Attending as a family _____ Individual _____ Youth / Adult Male / Female

A non-refundable deposit of \$125 is due on June 1st. Please take care of it immediately!

Deposit and camp fees payable to
Sensei Claude Smith and MAILED TO:
Golden Triangle Karate
Attn: RMC
324 South Front Street
Conrad, MT 59425
Registration Forms can be emailed to
claudio.leonard.smith@gmail.com.

For More information:

*** Contact Sensei Claude Smith at 406-868-9474 or Sensei Taylor Smith at 701-330-5713 ***



ATHLETE WAIVER & RELEASE



In consideration of being allowed to participate in any way in the annual Montana Gasshuku, events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is UNSAFE, they will immediately advise their coach or supervisor of such condition(s) and REFUSE TO PARTICIPATE.
 - 1b. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, they each should inspect the facilities and equipment to be used, and if the participant believes anything is UNSAFE, they will immediately advise their coach or supervisor of such condition(s) and REFUSE TO PARTICIPATE.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own action, inaction or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
3. Acknowledge that it is the participant's responsibility to properly insure and/or pay all medical costs in the event of an injury, and to be knowledgeable of where to contact assistance in the case of an emergency.
4. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive, discharge and covenant not to sue the United Karate Association International, its affiliated clubs, their respective administrators, officers, directors, agents, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, corporate sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as releasees, from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
6. In the event that injury or illness while competing in the 2015 Gasshuku and/or activities, I hereby authorize any emergency first aid, medication, medical treatment or surgery necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so. This includes the cost for transportation to an emergency medical facility and/or hospital.
7. Hereby consent to allow the use of my picture and/or voice or likeness in any official documentary, promotional, exclusive television and radio or film coverage of the 2015 Gasshuku and/or activities in any manner incidental to my participation said activities and without compensation to me.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

Printed Athlete Name

Signed Athlete Name

Signature of Parent/Legal Guardian if Athlete under Age 18

Date Signed

Emergency Contact Name

Emergency Contact Telephone

FOR OFFICE USE ONLY:

Date Received:

Fee Paid: Yes No

Amount \$

Cash **Check**

Check No.

Waiver: Yes No