



The Shuai Chiao Kungfu Club
at The Ohio State University

Year of the Rooster 2017 Tournament Entry Form

Saturday, November 4th, 2017, 9:00 am

RPAC, The Ohio State University, Cols. OH

Name: _____

Address: _____

Phone: _____ Shuai Chiao Rank: _____

Weight: _____ Height: _____ Sex: M ___ F ___

Club/School: _____

Notify in case of emergency:

Name: _____

Phone: _____ Relationship to you: _____

Address: _____

RELEASE OF ALL CLAIMS

In signing this form, I hereby for myself, my heirs, executors, and administrators, assume all risk of injury, and waive and release any and all rights and claims for damages I may have against the Shuai Chiao Kungfu Club at The Ohio State University and The Ohio State University, their instructors, assistants, employees, representatives, or assigns; all other participants; local facility managers, owners, and advisors; for injuries or damages which may be suffered by me as a result of attending, participating in, practicing for, or traveling to or from this event. I release rights for photographs or videos taken at this event. I understand that any immediate medical assistance will be of a first aid nature only. I understand that Shuai Chiao Kungfu is a throwing art that may involve impact with the ground and heavy contact with other participants and that there are inherent risks in participation that cannot be eliminated completely and that, while full safety precautions will be taken in the practice and teaching of Shuai Chiao techniques and exercises, any vigorous movement art has the potential to cause serious and even life-threatening injuries.

Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

-- Do not make entries in this area -- tournament official use only --

Entry Fee: \$25 No entries accepted after 9:30am, November 4th

Make checks payable to: **Shuai Chiao Kungfu Club at OSU**

Fee Paid: _____ Check#/Cash: _____ Received by: _____