

**THE HARRO EAST BALLROOM**

 ***RING WARS 2020***

**Knockdown Fighters fee $80.00 USD**

**Paypal :** **Rcruz001@rochester.rr.com** **or Cash in USD**

**Event Date: Saturday, March 7, 2020**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RANK/KYU\_\_\_\_\_\_\_\_\_\_\_**YRS. EXPERIENCE\_\_\_\_\_ **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Please enter me into the following event(s): Please check appropriate boxes

***(All entry fees are non-refundable)***

Female ***TOTAL Amount Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_.00***

I, the undersigned, do hereby voluntarily submit my application for participation as a competitor in Ring Wars 2020 on March 7, 2020 in Rochester, NY and do hereby assume full responsibility for any and all damages, injuries or losses, including death that I may sustain or incur while attending or participating in the aforementioned event and do hereby waive any or all claims against Ring Wars 2020, Mas Oyamas Muteki Kyokushinkai Inc. its promoters, operators and/or sponsors of said event, their employees and agents, individually or otherwise, and specifically covenant not to bring suit to the individuals or organizations mentioned above, fully recognizing that this covenant is part consideration for my approval to compete, and upon which they have relied in accepting the above application. I further understand and am fully aware of the inherent risks of sustaining injury during the competition or in the preparation thereof and that I completely assume all risks and liabilities thereto.fully understand that any medical treatment provided to me as a response to injury will be of the first aid type only. The promoter is in no way responsible to ambulance billing, emergency room care billing/costs, dental care billing costs, urgent care costs/billing I also fully understand that I am solely responsible for payment for any additional medical services performed as a result of my injury. I also understand that I will be held legally liable should I choose to transmit any portion of Ring Wars via Youtube, RuTube, Vimeo, Instagram, Facebook or any other means.

**PHONE:( ) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ AGE: \_\_\_\_\_HT: \_\_\_\_\_WT: \_\_\_**kilos/lbs **STYLE/SYSTEM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_INSTRUCTOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEX:**

Male

**CONDITIONS OF REGISTRATION:**

***Media Release***

I do hereby consent to any reproductions of me or my likeness furnished by me, or any reproduction of me or my likeness created in any manner whatsoever, photographed, filmed or video taped in connection with said event and can be used for instruction, publicity, promotion or television broadcast and waive any and all com­pensation in regards thereto.

My signatures on this application is knowing representation that I have read, fully understand and agree to all Terms and conditions contained herein and upon which I intend the promoters to rely.

• Any fighter who has not competed in the Ring Wars Extreme Kyokushin within the last 3 years must provide a five-minute videotape of himself or herself in previous competition, sparring of bag training.

Competitor Verification

|  |  |
| --- | --- |
| X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **DATE**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  |
| **Applicant’s Signature**  |  |
| **X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  **DATE**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  |

**Parent or Guardian** (If under 18 years of age) **NOTE:** Form below to be filled out by **KNOCKDOWN FIGHTERS.**

The person listed on this application is at least 18 years of age and has been sworn before me on the \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_2020 and is the person pictured below on this application.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Notary Public (Please include seal)*



Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Previous Knockdown or Fighting Experience**

YEAR EVENT NAME PLACE

 \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ATTACH

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PASSPORT SIZE PHOTO \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HERE