

TOURNAMENT REGISTRATION FORM

ST. LUCIA PITONS OPEN INTERNATIONAL MARTIAL ARTS FESTIVAL AND SEMINAR February 19th, 20th & 21st 2010

School's Name	Instructor's Name:
Mailing Address	Telephone & Email:

N.B. NO REFUND AFTER REGISTRATION (PLEASE TICK APPROPRIATE BOX)

QTY.	AGE	STUDENTS NAME	Gender	Rank	Traditional Form	Creative Form	Wushu Forms	Tai Chi Forms	Musical Forms	Team Forms	Weapons Soft style	Weapons Hard	Sparring	Team Sparring	Sport Jujitsu	Selfdefense	Seminar	AMT. PAID	
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DISCLAIMER

Waiver: I/we the undersigned hereby release the St. Lucia Pitons Open International Martial Arts Festival, Chitolie's Martial Arts Institute The International Martial Arts Council of America, The United States Martial Arts Hall of Fame, The Association of Professional Martial Artists, Professor Marty Cale, Bill Wallace, Sensei Benny Chitolie, Event location and Staff, Sponsors, Volunteers, Tournament Promoters and any and all other persons associated with this event in any capacity, from any and all liability due to injuries (including death) that I/we may sustain or incur as a result of my/our participation in The St. Lucia Pitons Open International Martial Arts Festival and Seminar, held from the 19th - 21st February 2010 at the designated venue in St. Lucia. Furthermore, I/we hereby waive my rights to any claims whatsoever for the use of my/our pictures, video or film production of myself, utilized by those associated with this event for any profit making at any time now and in the future.

Signature _____

Date _____

Parent's Signature (if under 18) _____

Date _____