U.S. Association of Martial Artists 2024 World Championships JULY 20-21, 2024 Mail to: USAMA P.O. Box 8643, Albuquerque, NM 87198 Must be Postmarked by July 5, 2024 to be "Pre-Registered." After that they are "At Door" Registrations. Entry Form						
NAME			Competitor's AGE of	n July 20, 2024		
	APTC					
TIME IN MAR	RTIAL ARTS: YEARS MON	THS SEX:	Circle PHONE:			
USAMA MEMBER # BELT RANK (Belt COLOR, <u>Degree</u> If Black Belt):						
SCHOOL: INSTRUCTOR:						
E-MAIL ADDRESS:						
Forms Sparrin Weapo Chanba TDS (7	ng (Kumite) Special Needs Div: ns (Kobudo) Special Needs Div:		Please Register me for Team (Adult Black Belts C Team Sparring Total for Individual	only)		
PRE-REG	ISTERED (Postmarked by July 5, 2024)		AT DOOR			
	Jal Events: One Event \$110 \$5 Each Additional Event	In	adividual Events: One Even \$5 Each Additional Even			
(Adult I	Black Belt Only) Team Sparring \$15	(Adul	t Black Belt Only) Team Spa	rring \$20		
12 yrs & up	Two Day Spectator Ticket \$25 Best Value		One Day Spectator Ticke Circle One: Sat or Sun			
5 to 11 yrs	Two Day Spectator Ticket \$15 Best Value		One Day Spectator Ticket \$8 Circle One: Sat or Sun			
4 & under	Two Day Spectator Ticket FREE		One Day Spectator Ticket FREE			
Limited Number Avail.	Two Day Video Pass \$40 Best Value					
<u>Waiver:</u> I understand that karate is a contact sport. I am aware that I am participating in an activity which involves physical contact and injuries may occur which may potentially involve Covid & other virus contact, bodily harm or even death and do so at my own risk. I waive any claim or cause of action I may have against the promoters of the tournament, Sue Hawkes, Maria Evans, the Horizon Convention Center, the judges, tournament personnel, other competitors, and the U.S. Association of Martial Artists Inc., that may arise out of my participation in this tournament &/or activities. I further agree to indemnify and hold harmless the promoters, Sue Hawkes, Maria Evans, the Horizon Convention Center, the judges, tournament personnel, and the U.S. Association of Martial Artists Inc., for any injuries, sickness, Covid & other viruses, or damages which may arise due to my participation in the tournament. I state that I do not suffer from Covid or any virus symptoms, and/or physical and/or mental conditions which may affect my participation in this tournament and not entitled to a refund. I hereby grant the U.S. Association of Martial Artists, Inc. ("USAMA") permission to use my likeness in a photograph, video, or other digital media ("photos") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the USAMA. I agree to comply with the local public health orders. I also hereby give permission to medical personnel to administer First Aid or Emergency Treatment if, in their opinion, it becomes necessary.						
Competitor's Waiver Signature** Date						
Competitor's Waiver Signature** Date **(Parent or guardian must sign if under 18) Total for Individual Competitor Events Total for Individual Competitor Events Total: \$ USAMA Members: Source *Current USAMA Members: Total: \$ Total for Adult Black Belt Team Sparring Total: \$ USAMA Member Competitor Discount Total: \$						
# of One Day Sp # of <u>Two Day</u> Sp	ectator Tickets (12 yrs. & up) X \$15 = ectator Tickets (12 yrs. & up) X \$25 =	(5 to 11 y <mark>(5 to 11</mark>	rs)X $$8 = \dots$. 1 otal: \$ Total: \$		

# of Two Day Video Passes (Includes Spectator Ticket) (Allows Limited Ring-Side	e Access Except During Finals) X \$40 Total: \$	