



TEAM FORMS APPLICATION



Adirondack AAU TAEKWONDO CHAMPIONSHIP

February 4TH, 2012
Hudson Valley Community College, Troy NY

ENTRY FEES: TEAM FORMS FEE \$45
ENTRY DEADLINE: Wednesday, January 25th, 2012
(Add \$25.00 Late fee between 1/26 – 1/30)

Make checks payable to: ADIRONDACK EVENTS – PO BOX 1160 Latham, NY 12110

TEAM FORMS INFORMATION:

TEAM NAME _____

Athlete #1 _____ DOB ____/____/____ AAU# _____

Athlete #2 _____ DOB ____/____/____ AAU# _____

Athlete #3 _____ DOB ____/____/____ AAU# _____

CONTACT PHONE () _____ - _____ E-MAIL _____ @ _____

TAEKWONDO SCHOOL _____

ADDRESS, CITY, STATE, ZIP _____

INSTRUCTOR _____

Team Information

Age: 5-17 _____ 18+ _____

Gender: Male _____ Female _____ Mixed _____

Highest rank on team 1st Dan _____ 2nd Dan _____ 3rd Dan _____ 4th Dan _____ 5th Dan _____

PLEASE COMPLETE & SIGN THE RELEASE PAGE FOR EACH ATHLETE!

**2012 ADIRONDACK AAU TAEKWONDO
CHAMPIONSHIP
ATHLETE WAIVER/RELEASE FORM
("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in any Amateur Athletic Union of the U.S. Inc. activity ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISK AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COST, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Amateur Athletic Union of the U.S. Inc. (AAU), including it's representatives, the related affiliated and subsidiary companies, as well as the officers, directors, agents, employees and assigns of each, and the AAU's Districts, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other indemnified and held harmless by the AAU, each considered one of the "RELEASES" herein FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damager, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINT NAME OF PARTICIPANT:

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____ DATE: _____

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEE'S OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM

PRINTED NAME OF PARENT/GUARDIAN:

ADDRESS:
(Street) _____(City) _____(State) _____(Zip) _____

PHONE: (_____) _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____