



**ANNUAL MICHIGAN OPEN TAE KWON DO  
MARTIAL ARTS CHAMPIONSHIP**  
26<sup>th</sup> Annual Michigan Open Governor's Council Cup Martial Arts Championships

*Saturday, May 14, 2022*  
Scanton Middle School – 8415 Maltby Rd – Brighton - 48116

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: (circle) M / F  
 Phone: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 School Name: \_\_\_\_\_ School's Instructor: \_\_\_\_\_  
 Grade or Belt: \_\_\_\_\_ GUP / DAN (circle) E-mail: \_\_\_\_\_  
 Registration fees as follows.

CASH or Money orders please - NO personal checks.  
 One event \$ 65.00 - Two events \$75.00 - Three events \$80.00- Four events \$85.00

**Liability, Waiver, Release and Indemnification Agreement:**

In consideration for the privilege of participating in the competition of the 26th Annual Michigan Open (or Governor's Council Cup) The Kwon Do Martial Arts Championship in further consideration of being accepted to compete, I hereby do acknowledge that because of my participating in, traveling to and returning from Brighton, Michigan, I may suffer bodily injury or death, and loss of property, and I do hereby for myself, for my heirs, parents, guardians, executors, personal representatives and assigns, release, acquit, waive, forever discharge, hold harmless and agree to indemnify the sponsors of the 26th Annual Michigan Open (or Governor's Council Cup) The Kwon Do Martial Arts Championship and any other persons or organization connected with the same of and from any and all liability, claims, damages, costs, demands, or for my traveling to, my participating in, and my returning from Brighton, Michigan or through the use of any and all facilities connected therewith.

Further, I hereby grant permission in case of injury to have an athletic trainer and/or doctor residing in the United States provide me with medical assistance and/or treatment. I do hereby for myself, parent's/guardian's, executors, assigns and administrators, release, acquit, waive and forever discharge the Kils Tae Kwon Do #2, Any Kils' Branch Schools, 26th Annual Michigan Open (or Governor's Council Cup) The Kwon Do Martial Arts Championship, the State of Michigan Governor's Council, Physical Fitness, Health & Sports, Michigan Fitness Foundation, the Michigan Martial Art Educational Association, Kils Tae Kwon Do #2 Inc., Tournament director Yong S. Kils, Brighton ree Consolidated Schools, Scanton Middle School, the coach, the instructors, the manager, the trainer, and/or the doctor, their agents, representatives, officers, and directors of and from any and all liability, claims, demands, or suits whatsoever which I may now or hereafter have or claim to have, on account of any injury sustained by me in connection with said medical assistance and treatment. I certify that my physician has examined me and certified that I am in good physical condition and have no disease or injury that would impair my performance or physical condition in training for and competing in the 26th Annual Michigan Open (or Governor's Council Cup) The Kwon Do Martial Art Championship. (NOTE: for recent injury or injuries a physician's report must be attached to this form. Competitors who have received a concussion or other head trauma within 30 days of the tournament are not eligible to compete and must inform the tournament directors of the injury.)

I agree to accept and all financial obligations incurred as a result of any medical assistance and related expenses, provided with any injuries which I may receive and assume all risks relating to the participation in the sport of Taekwondo and the nature of a Taekwondo contest, that there is a high risk of injury by the very nature of the sport due to the physical contact and I assume all risks relating to the participation in the sport of Taekwondo and the nature of a Taekwondo contest. I understand and agree that disciplinary actions, causes damage to personal and/or personal property of the resident facilities or any other facilities, students, buildings, or premises utilized by or related in any way to the 26th Annual Michigan Open (or Governor's Council Cup) The Kwon Do Martial Art Championship. I understand and agree that disciplinary actions, against me if I am found to be involved in an act, or act of vandalism in which I participate, as a precedent to this official entry form being accepted, and that the completed liability waiver, release, and indemnification agreement is incorporated by reference as a part of this official entry form.

If under 18 years of age, this release and consent must also be signed by parent or guardian.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or guardian: \_\_\_\_\_  
 Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Age: \_\_\_\_\_ Rank: \_\_\_\_\_ GUP / DAN \_\_\_\_\_  
 Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: M / \_\_\_\_\_  
 Forms Sparring Breaking Weapons \_\_\_\_\_