



WAIVER, ASSUMPTION OF RISKS & ATHLETE REGISTRATION

Full Name: _____ School/Team Name: _____

Address: _____

City: _____ Province/State: _____ Zip/Postal Code: _____

Home Phone: _____ Birth Date: _____

Mobile Phone: _____ Email: _____

EMERGENCY: NAME: _____ **PHONE:** _____

Tournament Divisions: 1. _____ **2.** _____ **3.** _____ **4.** _____

ATHLETE READINESS QUESTIONNAIRE

Are you in good health Yes / No

Has your doctor ever said you have heart trouble? Yes / No

Do you ever have pains in your heart and/or chest? Yes / No

Do you often feel faint or have dizzy spells? Yes / No

Has a doctor ever told you that you have a health problem that may be aggravated or made worse by exercise? Yes / No

Has a doctor ever told you that your blood pressure was too high? Yes / No

Do you have any communicable blood diseases? Yes / No

Any past history of Asthma? Yes / No

Any past history of Epilepsy? Yes / No

Any past history of Diabetes? Yes / No

Any past history of Back Injuries? Yes / No

Is there any reason whatsoever that may affect your ability to compete in this tournament if you wanted to? Yes / No










If yes, what _____

OFFICIAL WEIGHT: _____ **LBS** **AMOUNT PAID: \$** _____ **OFFICIAL:** _____

**THIS IS A LEGAL DOCUMENT
BY SIGNING IT YOU AND YOUR FAMILY ARE GIVING UP THE RIGHT TO SUE**

In consideration for Combat Athletics Corporation permitting me to enter their tournament & use their equipment, and facilities, **I agree to waive any and all claims that I have or may have in the future** against Combat Athletics Corporation, its directors, officers, employees, agents, representatives, and their successors or assigns, which may arise due to my participation in the tournament that I choose to participate in, **whether or not any loss, injury or death results from the negligence of the above mentioned people. I further agree to indemnify and save harmless** Combat Athletics Corporation from any claims or damages that result from any accidents, whether or not any loss, injury or death results from any accidents or any misrepresentations of the participant related to this document. I further agree that:

PLEASE INITIAL EACH ITEM

- _____  I have truthfully completed this document including the Physical Activity Readiness Questionnaire.
- _____  I am aware that participating in this tournament offered by Combat Athletics Corporation involves many inherent risks including the possibility of personal injury, death, property damage or loss.
- _____  I freely agree to accept those risks involved in participation in the tournament that I choose to participate in under my own free will and choice.
- _____  I release and discharge Combat Athletics Corporation, its directors, officers, employees, agents, representatives and their successors or assigns from any and all actions, causes of action, claims and demands which may arise in consequence of my participation in the tournament.
- _____  This waiver and release is binding on my representatives, family and heirs.
- _____  I am not relying on any representations, oral or written from Combat Athletics Corporation, its directors, officers, employees, agents and representatives about the suitability of the tournament that I choose to participate in.
- _____  I fully understand that any medical treatment given to me will be of the first aid type only.
- _____  I consent that any pictures or video furnished by me or any pictures or video taken of me in connection with the tournament can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto.
- _____  By signing my name I acknowledge and agree that this is a binding contract under the laws of British Columbia.

I have executed this agreement in Surrey, British Columbia on _____ (DATE).

Participant Signature: _____

Participant's Name (printed): _____

Witness Signature: _____

Witness' Name (printed): _____

Parent/Guardian Signature (if user is under 19 years): _____

