

# 2023 LEGACY CUP

## INDIVIDUAL APPLICATION

REGISTRATION FEE	CHECK PAYABLE TO	MAILING ADDRESS
\$100 POOMSAE ONLY	OLYMPIC TKD ACADEMY	7207 ARLINGTON AVE.
\$100 KYORUGI ONLY	MAIL IN REGISTRATION HAVE TO BE RECEIVED BY FEB 10, 2023	SUITE G
\$125 BOTH EVENTS	ONLINE REGISTRATION WILL BE CLOSE BY FEB 15, 2023	RIVERSIDE, CA 92503

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIPCODE

PHONE

BELT COLOR (CIRCLE ONE)

TAEKWONDO SCHOOL NAME

MASTER INSTRUCTOR

WHITE

YELLOW

PURPLE

ORANGE

GREEN

BLUE

BROWN

RED

BLACK

TAEKWONDO SCHOOL ADDRESS

CITY

STATE AND ZIP CODE

SCHOOL PHONE

I HEREBY SUBMIT THIS REGISTRATION AND LIABILITY WAIVER FORM TO PARTICIPATE IN THE LEGACY CUP TAEKWONDO CHAMPIONSHIP 2023. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY RELEASE, DISCHARGE, AND WAIVE ANY AND ALL RESPONSIBILITY OF OLYMPIC TKD ACADEMY, LA SIERRA UNIVERSITY, E- PRODUCTION, TOURNAMENT ORGANIZING COMITEE, REFEREES, COACHES, INSTRUCTORS, AGENTS, OTHER COMPETITORS AND VOLUNTEERS FROM LIABILITY FOR ANY INJURY INCLUDING DEATH AND FOR DAMAGE TO OR LOSS OF PROPERTY WHICH MAY BE SUFFERED BY MYSELF ARISING OUT OF OR IN ANY WAY RESULTING FROM OR ATTRIBUTABLE IN WHOLE OR PART TO MY TRAVELING TO, TRAINING FOR, BEING COACHED IN, USING ANY SPORTS EQUIPMENT IN OR PARTICIPATING IN THE LEGACY CUP TAEKWONDO CHAMPIONSHIP 2023. AS

A COMPETITOR OR PARENT/LEGAL GUARDIAN OF THE COMPETITOR, I GIVE CONSENT TO ANY XRAY EXAM, MEDICAL, CHIROPRACTIC, DENTAL AND OTHER TREATMENT(S) DEEMED NECESSARY FOR THE SAFETY AND WELFARE OF THE CONTESTANT. I UNDERSTAND THAT THIS AUTHORIZATION IS GIVEN PRIOR TO ANY DIAGNOSIS OR HOSPITAL CARE BEING REQUIRED, BUT IS GIVEN TO PROVIDE THE MEDICAL/ CHIROPRACTIC/ DENTAL STAFF AUTHORITY TO RENDER CARE AS DEEMED ADVISABLE. IN THE CASE OF MINORS, IT IS UNDERSTOOD THAT EFFORTS SHALL BE MADE TO CONTACT THE UNDERSIGNED PRIOR TO RENDERING TREATMENT, BUT TREATMENT WILL NOT BE WITHHELD IF THE UNDERSIGNED CANNOT BE REACHED. I UNDERSTAND IN CASE OF INJURY, ONLY BASIC FIRST AID WILL BE MADE AVAILABLE ON SITE, AND THAT I AM FULLY RESPONSIBLE FOR ANY AND ALL RESULTING MEDICAL OR OTHER EXPENSES.

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (UNDER 18 COMPETITOR)

DATE