## UNITED STATES TAEKWON DO FEDERATION NATIONAL CHAMPIONSHIPS BLACK BELT ADULT & JUNIOR BLACK BELT

NAME					
RANK	AGE	MALE_	FEM/	A <i>LE</i>	USTF#
PHONE	E-MAIL		ТКД SCI	HOOL	
PATTERN DIVISION	<u>s</u>				
BLACK BELT		_II DAN	_III DAN	_IV DAN_	V DAN
SPARRING DIVISIO	NS: (Failure t	o make your wei	ight will result i	n changin	g to your weigh in recorded)
BLACK BELT MALE:	Age	CHECK DAN	N AND WEIGHT	BELOW	
I DAN	II DAN	III DAN	IV DAN	V DA	N WEIGHT
BLACK BELT FEMAL	E: AGE	CHECK DA	N AND WEIGHI	BELOW	
					WEIGHT
POWER BREAKING BLACK BELT MALE LT. WEI BLACK BELT FEMAL	IGHT		1THE	AVY WEIG	GHT
LT. WE	IGHT	_MIDDLE WEIGH	ITHE	AVY WEIG	НТ
<u>NATIONALS APPAR</u> \$15.00 PREORDER T SN	T-SHIRTS M				
EVENT ENTRY FEES	PRE-REGISTER				
\$45.00 FOR ONE EV	/ENT\$	55.00 FOR TWO E	EVENTS	\$65.00 FC	OR THREE EVENTS
FAMILY DISCOUNT PRE-REGISTRATION	•				
	•				
EVENT ENTRY FEES		-			NDD \$15.00 LATE CHARGE
TOTAL REGISTRATIO				-	001100317.
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<u>IVI</u>	USI SIGIV WAI	VEN AND RELEAS		L DACK U	THIS REGISTRATION

## UNITED STATES TAEKWON DO FEDERATION NATIONAL CHAMPIONSHIP LIABILLITY FORM JULY 20, 2019 FORM AND APPLICATION SENT TO USTF, 6801 W. 117<sup>TH</sup> AVE., BROOMFIELD, CO. 80020

In consideration of your acceptance of my and or my child's participation in this event, I hereby, for myself and for and on behalf of my child indemnify, release, forever discharge and agree to hold harmless Boulder Valley Community School Program, Sr. Grand Master Charles E. Sereff, Grand Master Renee' Sereff, Sereff Taekwon Do, Inc., United States Taekwon Do Federation and the officers, employees and agents thereof, from any and all liability, claims or demands for personal injury, sickness, or death as well as property damage and expenses of any nature whatsoever, including reasonable attorney's fees which may be incurred by the undersigned and or the child participant while participating in the event or traveling to or from said event or traveling to or from said event. I clearly understand that the sport and art of Taekwon Do involves bodily contact. I am aware of my, and my child's personnel medical condition and hereby certify that my and/ or child participation is voluntary and that I and /or my child are mentally and physically fit to participate in said event.

I hereby consent to and authorize the taking of photographs or videotape in which I and/or my child may appear. I hereby waive for myself and for and on behalf of my child all rights of privacy in and to any said photographs or tapes, including without limitation, any and all claims for libel and/or invasion of privacy. I here grant for myself, and for and on behalf of photographs or videotape that it has taken or has had taken of me to use, re-use, publish, re-publish, modify and display the same, in whole or part, individually or in conjunction with other photographs and in conjunction with any other copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising and trade, or any other purpose whatsoever, and to use my name in connection therewith if it so chooses.

My health insurance is through	and current and up to date.
SIGNATURE	Date
PARENTS SIGNATURE	Date

With Sr. Grand Master Sereff's approval we have modified some of the USTF National guidelines to be able to have this event only two days. The Tournament Director reserves the right to adjust brackets including adding a bracket if necessary.