

DEMONSTRATION TEAM APPLICATION

WARNING: YOU MUST FILL OUT THE FORM COMPLETELY OR IT CANNOT BE PROCESSED

Team Name _____
 School/Club _____ Instructor _____
 Address _____ City _____ State _____ Zip _____
 E-Mail _____ Phone No. _____ Fax No. _____

Teams must consist of a minimum of 10 or maximum of 25 competitors.
 Each member of the team must also compete in at least 1 standard individual event.
 If a member is found not to compete individually, the team will be disqualified.

Full Name (Print Clearly)	Age	Full Name (Print Clearly)	Age
1)		14)	
2)		15)	
3)		16)	
4)		17)	
5)		18)	
6)		19)	
7)		20)	
8)		21)	
9)		22)	
10)		23)	
11)		24)	
12)		25)	
13)			

Early Registration Before October 1 st \$250	Standard Registration Before November 2 nd \$300	3rd Place Winners Receive \$300	2nd Place Winners Receive \$500	1st Place Winners Receive \$1,000
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Payment

*Make Cashiers checks and money orders payable to USMO - *No Personal Checks Accepted*

Total Amount Enclosed: \$ _____

Credit Cards Only*



Credit Card#: _____ - _____ - _____ - _____ Exp. Date: ____/____ Security Code(back of card): _____

Card Holder Name: _____ Card Zip Code: _____

Card Holder Signature: _____ Date: ____/____/____

Spectator General Admission
 \$10 Per Day Per Person
 \$15 for 2 Days Per Person
 Under 4 years Free

Liability Waiver & Release

We, as individual members of this team, hereby release, discharge, covenant not to sue and agree to hold harmless to any clubs(academies) at the 11th U.S. Masters Open Tae Kwon Do Championships or who has a vested interest in the activity, their respective administrators, directors, agents, officers, volunteers, referees, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises of the event location (each considered on of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my/the minor's from any litigation expenses, attorney fees, loss liability, damage or cost that may incur as a result of any such claim. I have read this agreement, fully understand its terms, understand that I/the minor 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 the law and agree that if any portion of this agreement is held to be invalid, that the balance, notwithstanding, shall continue in full force and effect.

Team Captain Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Contact Us: tkdwaltham@gmail.com - Tel (781) 373-1324 - Fax (508) 767-0113

Please mail completed application to:
 11th U.S. Masters Open TKD Championship
 H.Y. Kim's U.S. Tae Kwon Do Center
 32 Warren St, Waltham, MA 02453