

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 1st
\$250

Standard Registration

Before November 1st
\$300

3rd Place Winners

Receive **\$300**

2nd Place Winners

Receive **\$500**

1st Place Winners

Receive **\$1,000**

Payment

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

Spectator General Admission

Total Amount Enclosed: \$ _____
Credit Cards Only*

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

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

Card Holder Name: _____ Card Zip Code: _____

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

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 12th 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: worcesterustc@gmail.com Tel (508) 767-1717 Fax (508) 767-0113

Please mail completed application to:

12th U.S. Masters Open TKD Championship
H.Y. Kim's U.S. Tae Kwon Do Center
32 Warren St, Waltham, MA 02453