Mayor's Cup Waiver and Release of Liability

Competitor Name: _____ Gender: M____F___

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone _____ Email: _____

School/Club Name: _____ Instructor: _____

Belt Rank_____ Age _____

MEDICAL WAIVER

I, _____, consent to medical treatment for athletic related injuries/illnesses by Federal Way Mayor's Cup, Master Na's Martial Arts, Medical Personnel and/or Hospital Medical Staff. I authorize treatment by such personnel in the event of injury or illness.

(Athletes Signature) _____ (Date) _____

As a parent or legal guardian of, who is under the age of 18, I hereby authorize medical treatment in the event of an injury or illness while participating in a Washington State President's Cup event or as a member of Washington State President's Cup Medical Personnel and/or Hospital Medical Staff.

(Parent/Guardian Signature) _____ (Date) _____

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors, and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against Federal Way Mayor's Cup and/or Master Na's Black Belt Academy, LLC, Richard Na or agents and staff, this athletic meet, it's organizing committee, and all members of this athletic meet, or their respective officers, committees, medical committee, agents, representatives, successors, sponsors, advertisers, volunteers, owners and lesser of premises on which the athletic meet takes place, assignees and against any competitor for any and all damages which may be sustained by me or the minor child, in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that all entry fees are nonrefundable.

Participant's Printed Name _____ Date _____

Participant's Signature _____

Parent/Guardian's Printed Name _____ Date _____

Parent/Guardian's Signature _____