



8th US International Wushu-Kungfu Tournament & 2017 USAWKF National Traditional Wushu Team Trials Registration Form

(Please Print Clearly – All Fields Required)

First Name	MI	Last Name

Gender M/F _____ Birth Date _____ Years Experience _____ Phone _____

Home Address _____ City/State/Zip _____

Email

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Martial Arts School Name _____

Address _____

Instructor _____ School Phone _____

School Email _____ Website _____

Enter division numbers below (1 division per box). Visit www.zhaochangjun.net for **RULES** and **NOTES**.

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Please review this form carefully. Once submitted, each event change to your registration will incur a processing fee of \$25.00. All fees are non-refundable.

\$70 Early Registration Must be postmarked by 5/10/2017 \$ _____

\$90 Registration Must be postmarked after 5/10/2017 \$ _____

Each solo Events \$20.00 each [20 ×] \$ _____

2017 USAWKF National Traditional Team Trials [50] \$ _____

General Admission: \$15.00 each Includes Master Performance [\$15.00 ×] \$ _____

Total \$ _____

Payment must accompany entry form \$30 fee for returned checks

Mail checks payable to: Zhao Changjun Wushu Academy NO REFUNDS

Liability waiver: Please read carefully and sign

I, the undersigned, knowingly and without duress, do voluntarily submit my entry to the 8th US International Wushu-Kungfu Tournament. I hereby assume all risk of physical and mental injuries, disabilities, and losses which may result from or in connection with my participation in the Tournament. Acting for myself, my heirs, personal representatives and assignees. I do hereby release the organizer Zhao Changjun Wushu Academy of America, its officers, agents, representatives, servants, employees, volunteers, and all other members from liability due to any injuries incurred and any resulting legal claims, actions, suits or controversies. I also understand that there is risk of injury involved in all the competitive divisions, particularly in fighting events, and I assume full responsibility for all my actions, activities or omissions during and in connection with the Tournament. I fully understand that any medical attention or treatment afforded me by Zhao Changjun Wushu Academy of America, its officers, agents, representatives, servants, employees, volunteers, and all other related members will be of the first aid type only, and I hereby release Zhao Changjun Wushu Academy of America, its officers, agents, representatives, servants, employees, volunteers, and all other related members from any liability for such aid. I have read, understand, and agree to abide by the rules of this event, and accept all responsibility and associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete. I consent to the use of photographs and/or video recordings of my participation in this event for promotional purposes, and hereby waive my rights to any form of compensation or claim. Parent or legal guardian signature is required if participant is under eighteen (18) years of age

SIGNATURES:

Participant(Required)	Parent/Guardian under 18	Date
Please send signed entry form and payment to Zhao Changjun Wushu Academy		
200 West Camden Ave. Moorestown, NJ 08057 USA		Phone (856) 426-8066(English)(856)397-0668(Chinese)
Email:USIWKT@gmail.com www.zhaochangjun.net		