

ZANSHIN ENTERPRISES



GRAPPLING SUMMIT

REGISTRATION FORM & SPORT RELEASE FORM

Name _____ Gender M F

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

Emergency Contact Name & Phone _____

Martial Art School _____

Belt Rank & Style _____

PRE-REGISTRATION \$30 _____

DAY OF EVENT REGISTRATION \$40 _____

MAKE CHECK PAYABLE TO:
 ZANSHIN ENTERPRISES
 1269 El Moro Drive, Campbell, CA 95008
 (408) 377-1787 hansingebretsen@yahoo.com

No lunch is provided
 You must provide your own lunch
 One hour break for lunch
www.Shinbukandojo.com

CONSENT AND RELEASE STATEMENT (read, understand, sign statement)

I understand that martial arts practice requires a great deal of stamina, physical and mental exertion, as well as physical contact. I understand that accidents can and do happen, and I further understand that I may be injured as a result of my participation. With this in mind I willingly, knowingly and voluntarily agree to assume all such risk. I warrant that I am in good physical health and condition and have no known injuries, disabilities, conditions or ailments that prevent me from participating in this event. I hereby release, agree to defend, indemnify and hold harmless Zanshin Enterprises, Seikishin Dojo, and any other promoters, sponsors, affiliates, teachers and students at this event from any and all claims, liabilities, injuries, damages and or responsibilities, whatsoever, resulting directly or indirectly from my participation, attendance or presence at any of this event's activities. I have read the sports waiver and it's release The information contained herein is true and correct.

Signature of participant _____ Date _____

Signature of parent or guardian _____ Date _____
(if under age of 18)