

Wisconsin Black Belt League 2010 Registration Form

New Member (print information)

Name _____ DOB _____ Sex _____
Address _____
Email _____ Phone # _____
Martial Arts School _____ Branch _____
Style _____ Belt Rank _____ or Degree of Black Belt _____

WI Drivers License Number _____ - _____ - _____ - _____

Events taking part in (X events please)

- Proactive Sparring Seminar (2:00pm start)
 Tag Team Sparring Event (3:00pm start)
 Singles Sparring Event (following tag team sparring)

Entry Fee for 2010 Membership:

\$50.00 Cash/Check # _____

Please make checks payable to WBBL
Send your registration and waiver form
to WBBL or Register at the event before 2:00pm.
WBBL 2228 #3 N. Hillcrest Pkwy Altoona, WI 54720

*Events will be held at the Ho Chunk Casino in Baraboo, WI.
Please call 3 Days before the event to get a special room rate of \$75.00 a night if you tell them
you're with the WBBL, ten rooms set aside call now! Ho Chunk 1-800-746-2486*

WISCONSIN BLACK BELT LEAGUE

PARTICIPANT AGREEMENT AND INFORMED CONSENT OF RISK

This document contains important information regarding the liability and policies of the Wisconsin Black Belt League. In consideration of the services of the Wisconsin Black Belt League, its agents, officers, directors, employees, volunteers, participants, members, and other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as the "WBBL"), you are required to completely read this document and sign it.

Participating in WBBL events, including light contact or full contact sparring matches, may be dangerous and involves risks, which must be assumed by each participant. These risks include serious emotional or physical injury or disability, resulting not only from the participant's own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used, as well as other risks not known to us or not reasonably foreseeable at this time. Participating in WBBL events is at all times a voluntary and individual choice.

By signing below, you, as participant, or as parent or guardian of the participant, as applicable, acknowledge and agree to the following:

1. I acknowledge that WBBL events entail known and unanticipated risks, which may be very physically and emotionally demanding and could result in great physical or emotional injury, including permanent disability or death, or damage to the participant or third parties.

I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of WBBL events; therefore, I hereby waive the right to bargain for different waiver of liability terms.
2. I expressly agree and promise to accept and assume all of the risks existing in WBBL events. My participation in WBBL events is purely voluntary, and I elect to participate in spite of the risks.
3. I certify that I have adequate insurance to cover any injury or damage caused or suffered while participating in WBBL events, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume- and bear the costs of- all risks that may be created, directly or indirectly, by any such condition.

Participants, or their parents or guardians, are responsible for assessment of pre-existing medical conditions, including but not limited to injuries, pregnancy, history of high blood pressure controlled by medications, and heart conditions.

4. I agree to grant the WBBL authority to act in any attempt to safeguard and preserve my health or safety during my participation in this activity, including authorizing medical treatment on my behalf or at my expense.
5. I agree to conform to all applicable policies, rules, regulations and standards of conduct established by the WBBL.

By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to its terms.

PARTICIPANT'S SIGNATURE:

DATE

**PARENT'S OR GUARDIAN'S INFORMED CONSENT OF RISK/
PERMISSION TO PARTICIPATE**

By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I have read and understand it, agree to its terms, and give my permission for my son/daughter to participate in WBBL events.

PARENT/GUARDIAN NAME (PLEASE PRINT):

PARENT/GUARDIAN SIGNATURE:

DATE

PARTICIPANT RELEASE AND CONSENT

This following contains important information regarding the Wisconsin Black Belt League's use of participants' names, pictures, video and related materials, and conditions related to entry of participants under black belt rank. Please read each statement, initial and date the bottom of this form.

I. BLACK BELT OR CONSENT OF INSTRUCTOR REQUIRED

A Participant who has not achieved black belt status must hold at least a purple belt in his or her martial arts style and obtain the consent of his or her instructor before his or her registration will be accepted. Please initial one of the following:

_____ I have achieved the martial arts rank of black belt or higher in my martial arts style.

_____ I have achieved the martial arts rank of purple belt in my martial arts style, and have obtained the consent of my instructor to spar with advanced belts and black belts. My instructor must sign below:

I, _____, a martial arts instructor, who has been awarded the martial arts rank of black belt or higher, hereby certify that _____, although not having been awarded the martial arts rank of black belt, is of sufficient aptitude and skill in sports karate point sparring to compete in WBBL events.

Date: _____

II. RELEASE OF INFORMATION

_____ I acknowledge that any participant's performance, attendance, and participation in WBBL events may be filmed or otherwise recorded. By initialing this section, I am giving consent for photographs, videos and/or like materials, in which me, or if a minor, my son/daughter may appear, to be used in any promotional materials the WBBL may care to use them; and I do hereby waive any compensation and/or any future rights in regard to such media.

Participant's Signature

Date

Parent/Guardian's Signature

Date