

2014 IKF WORLD CLASSIC AMATEUR MUAY THAI - KICKBOXING WORLD CHAMPIONSHIPS - REGISTRATION FORM -

•IKF STAFF USE ONLY

- REC: _____/_____/_____
- AMT PAID: \$ _____.
- PHOTO: _____
- BC: _____
- LF: _____

1. **PRINT NEAT!** FIGHTERS Name: _____ WEIGHTCLASS: _____
 2. Cornerman Registration Can Be Paid Now (AND SAVE \$\$) OR Paid At Event Weigh-ins:
www.ikfkickboxing.com/WCCNTInfo.htm
 3. Print this Form, Complete & MAIL to the IKF with your Registration Fee of ***\$60.00 -*\$55.00 IF BY CASH OR CHECK. (*)UNTIL FIRST DEADLINE OF MAY 16th, 2014!** - www.ikfkickboxing.com/WCDeadlines.htm
 - Checks should be made out to **IKF KICKBOXING.**
 - Credit Card or PayPal the fee is \$60.00. - **"UNTIL FIRST DEADLINE OF MAY 16th, 2014!"**
CREDIT CARDS Are Charged Thru Our Graphics Department and Say **FOSTER GRAPHICS** on your statement.
FAX: (916) 663-4510 - Note Payment Deadlines & Late Fees: www.ikfkickboxing.com/WCDeadlines.htm
 4. **MANDATORY PASSPORT PHOTO! Include a 2" x 2" HEADSHOT PHOTO of yourself in your mailed envelope. PHOTO CROP FEE!** There Will Be A \$10.00 "PHOTO CROP" Fee Charged to you **if your photo is larger than 2 inches x 2 inches.** Cropping takes up valuable time so if in doubt of the size of the photo you are sending, send a PRACTICE E-MAIL WITH YOUR PHOTO to yourself to assure the photo size.
 5. Mail To: IKF, P. O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA. **ATTN: 2014 WC - FIGHTER**
 6. **PRINT NEATLY - Registration Forms "Without Fees" will be Disposed of. - NO REFUNDS.**
 7. Have You Ever Been Paid to Fight? _____ - Ever Fought A Pro? _____ - Ever Fought AS A Pro? _____
 8. Current Age: _____ & DOB (MO, Day & YR): ____/____/____ - Height in Feet & Inches: ____'____"
○ If under 18 please include a copy of your Birth Certificate in this mailing.
 9. FIGHTERS MAILING Address: _____
 10. City: _____ State/Prov: _____ Zip: _____ Country: _____
 11. FIGHTERS Phone Number: _____ Fax: _____
 12. TRAINER: (SELF if you train yourself) _____ Phone: _____
 13. TRAINERS MAILING Address: _____
 14. City: _____ State/Prov: _____ Zip: _____ Country: _____
 15. FIGHT RECORD: W=Wins, L=Loses, D=Draws, KO'S & TKO's=Knockouts or Technical Knockout.
FILL IN ALL BLANKS!! - PLEASE WRITE A -0- IF NO FIGHT RECORD.
- KICKBOXING AND OR MUAY THAI: W: _____ L: _____ D: _____ KO'S/TKO's: _____
 "SMOKER BOUTS" IN KICKBOXING & OR MUAY THAI: W: _____ L: _____ D: _____ KO'S/TKO's: _____
 AMATEUR BOXING: W: _____ L: _____ D: _____ KO'S/TKO's: _____
 AMATEUR MMA (Mixed Martial Arts & OR Pankration) W: _____ L: _____ D: _____ KO'S/TKO's: _____

LIST ESTIMATED FIGHT WEIGHT	PLEASE PRINT NEATLY			LIST TOURNAMENT WEIGHTCLASS	
CHECK 1 SKILL LEVEL	CHECK "1" RULE DIVISION	MEN	WOMEN	JR. BOYS AGES 8-17	JR. GIRLS AGES 8-17
_____ NOVICE SKILL DIVISION - 3 FIGHTS OR LESS - - TROPHY CUP DIVISION - _____ OPEN SKILL DIVISION - ANYONE - - CHAMPIONSHIP BELT DIVISION -	FULL CONTACT / AMERICAN HIGHKICK	_____	_____	_____	_____
	INTERNATIONAL RULES	_____	_____	_____	_____
	MUAY THAI RULES	_____	_____	_____	_____
IF PAYING BY CREDIT CARD AND FAXING IN (916) 663-4510 - PRINT NEATLY! CIRCLE OR CHECK ONE: _____ VISA -OR- _____ MASTERCARD CREDIT CARDS Will Be Charged Thru Our IKF Graphics Department and Say FOSTER GRAPHICS on your statement.					
CC#: _____ PHONE: (_____) _____	\$ _____ TOTAL AMOUNT PAYING - INCLUDE ANY/ALL LATE FEES		CARD EXP. DATE _____/_____/_____ 3 DIG SEC CD: _____ - _____ - _____		

CONTINUED...

RELEASE FROM LIABILITY - PAGE 2

This RELEASE of Liability is a Legal Contract binding upon You, _____ The International Kickboxing Federation (Hereafter know as IKF), The Buena Vista Palace and any and all companies, federations or organizations associates, officials, employees and staff of this event. Read It Carefully And Obtain Legal Assistance If You Do Not Understand It.

1: Voluntary Application. I, the undersigned, acknowledge and state that I have voluntarily applied to compete in the **2014 IKF Amateur World Classic Kickboxing Championships** on July 11th, 12th & 13th, 2014 at The Buena Vista Palace, Orlando, USA

2: Assumption of risk. I am aware & understand that in general, full contact fighting is a dangerous & hazardous activity, & in particular, the techniques & methods of this convention, all in which as a competitor in this competition, I shall be participating, is an extremely dangerous & hazardous event. I am voluntarily & of my own free will submitting an application to compete in this event with full knowledge & understanding of the hazards involved. I hereby consent & agree to completely accept alone any & all risks of injury or death.

3: Release: In consideration for (a) being accepted as a competitor of the **2014 IKF Amateur World Classic Kickboxing Championships**, (b) being entitled to participate in activities conducted and sponsored by the IKF (International Kickboxing Federation) and (c) being permitted to use facilities and equipment, whether owned or leased by The IKF and all associates, officials, employees, staff, The Buena Vista Palace and fellow participants and trainers/coaches. I hereby agree that I, my heirs, distributees, guardians, successors in interest and legal representatives (*collectively referred to as "Releasor"*) will not make a claim or file an action or suit against, sue, or attach the property of (a) the **2014 IKF Amateur World Classic Kickboxing Championships**, which would include The IKF or any and all of their officials, affiliated organizations, and/or their directors, officers, employees, agents or managers, fellow participants, trainers, The Buena Vista Palace or any and all of their affiliated organizations, and/or their directors, officers, employees, agents or managers and (b) any or all manufacturers, distributors, wholesalers, suppliers and/or retailers of the facilities and equipment I will use in connection with any and all activities conducted and/or sponsored by The IKF and The Buena Vista Palace and any and all of these companies, federations or organizations associates, officials, employees and staff (*collectively referred to as the "suppliers"*), The Suppliers and shall collectively be referred to as "*Releasees*" for damages, injury, emotional distress claims, bodily injury claims, and punitive damages, whether known or unknown, foreseen or not, due to or resulting from the acts, conduct, negligence, or misfeasance of, or omissions or failures to act by, the Releasees, or any of them. (a) being accepted as a competitor of the **2014 IKF Amateur World Classic Kickboxing Championships**, (b) being entitled to participate in activities conducted and sponsored by the IKF and The Buena Vista Palace and (c) being permitted to use facilities and equipment, whether owned or leased by The IKF and all associates, officials, employees, staff or by The Buena Vista Palace or by fellow participants and trainers/coaches. I hereby agree that I, my heirs, distributees, guardians, successors in interest and legal representatives (*collectively referred to as "Releasor"*) will not make a claim or file an action or suit against, sue, or attach the property of (a) the **2014 IKF Amateur World Classic Kickboxing Championships**, which would include The IKF or any and all of their officials, affiliated organizations, and/or their directors, officers, employees, agents or managers, fellow participants, trainers, and (b) any or all manufacturers, distributors, wholesalers, suppliers and/or retailers of the facilities and equipment I will use in connection with any and all activities conducted and/or sponsored by The IKF, The Buena Vista Palace and any and all of these companies, federations or organizations associates, officials, employees and staff (*collectively referred to as the "suppliers"*) and The Buena Vista Palace and any and all of these companies, federations or organizations associates, officials, employees, staff. The Suppliers and shall collectively be referred to as "*Releasees*", for damages, injury, emotional distress claims, bodily injury claims, and punitive damages, whether known or unknown, foreseen or not, due to or resulting from the acts, conduct, negligence, or misfeasance of, or omissions or failures to act by, the Releasees, or any of them.

4: Application of State Law: In further consideration of (a) being accepted as a competitor in the **2014 IKF Amateur World Classic Kickboxing Championships**, (b) being entitled to participate in activities conducted and sponsored by The IKF, The Buena Vista Palace and any and all of these companies, federations or organizations associates, officials, employees and staff, and (c) being permitted to use facilities and equipment, whether owned or leased by The IKF, The Buena Vista Palace and any and all of these companies, federations or organizations associates, officials, employees and staff, I hereby agree that this Release from Liability shall be interpreted under and construed in accordance with the Florida State law only, without the benefit of and fully disregarding all Florida State conflicts of laws provisions, so that any and all disputes, contentions, disagreements or controversies arising from or related to (a) this Release from Liability, (b) the application for acceptance into the Challenge, or (c) my participation in any and all activities conducted or sponsored by The IKF, The Buena Vista Palace and any and all of these companies, federations or organizations associates, officials, employees and staff and Shall be interpreted under and in accordance with only the Florida State law regardless of my domicile or residency; and that the only court in which an action or suit may be brought in connection with the foregoing shall be the court of original jurisdiction of the State of Florida. Further, I waive any right I may have to assert the doctrine of forum non conveniens or similar doctrine or to object to venue with respect to any proceeding brought in accordance with this Release, and I stipulate that the Florida courts shall have in personam jurisdiction and venue over me for the purpose of litigation any dispute, controversy, or proceeding arising out of or related to this Release, The IKF, The Buena Vista Palace and any and all of their associates, officials, employees and staff.

5: Health Advisory and Condition. I hereby acknowledge and understand that participating in this event involves extremely strenuous physical activity and heavy physical contact, and that I have been advised to consult a physician before commencing and undertaking such activity. I hereby represent that, to the best of my knowledge, I am in good physical health and condition, sufficient to undertake this dangerous and hazardous competition.

6: Knowing and Voluntary Execution. I hereby declare that I have read this Release from Liability, and that I fully understand the meaning and importance of its contents. I acknowledge that this Release is a binding contract among The IKF, The Buena Vista Palace and any and all of these companies, federations or organizations associates, officials, employees, staff and myself, and that under this contract I am releasing The IKF (International Kickboxing Federation) The Buena Vista Palace and any and all of these companies, federations or organizations associates, officials, employees and staff from all liability for claims I may have against them. I further declare and represent that I am at least 18 years of age, that I have full legal capacity to be bound by this contract, and that I am signing this contract of my own free will and accord.

Executed at _____ AM/PM, on this _____ day of _____, in the year 20 _____.

Applicant If OVER 18 Sign Below - If Not See Below

Signature: _____ Print Name: _____

UNDER 18 FIGHTER - PARENTAL WAIVER

I, _____ (*parent/guardian*) the parent and guardian of _____ (*minor fighters name*) hereby agree to the above RELEASE FROM LIABILITY on behalf of the minor named herein and bind myself and said minor to the terms and conditions of this waiver and release. I have legal capacity and authority to act for and on behalf of the minor name herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them.

Signature: _____ Print Name: _____