

SWA CLASSIC 2018

REGISTRATION & WAIVER FORM

NO PERSON IS ALLOWED TO COMPETE AT THE TOURNAMENT WITHOUT THIS FORM BEING COMPLETED AND HANDED TO YOUR INSTRUCTOR WHO IN TURN WILL REGISTER YOU. THIS FORM MUST BE HANDED IN AT THE TOURNAMENT BEFORE YOU CAN GET YOUR ENTRY CARD AND WRIST BANDS. NO ONE WILL BE ALLOWED TO ENTER WITHOUT WRIST BANDS ON.

COMPLETE AND HAND TO YOUR INSTRUCTOR ASAP

MALE NAME: _____ AGE: _____ BELT GRADE: _____
 FEMALE ID Number: _____ TEL Nr: _____ CELL: _____ DOB: _____
 CITY: _____ PROVINCE: _____ WEIGHT: _____ KG
 JUNIOR INSTRUCTOR NAME: _____ CLUB: _____
 SENIOR EMAIL ADDRESS: _____

SPORT MARTIAL ARTS DIVISIONS ENTRY LIST

SEMI FIGHTING	POINTS	MMA(Sport Light)	JUNIOR SENIOR	K1 SPORT FULL CONTACT	+
LIGHT FIGHTING	CONTINUOUS	MMA(Sport Full)	ADULT ONLY 18+	TAG TEAM CHALLENGE	
NO GI SAGA GRAPPLING		BLACK BELT OPEN	JUNIOR SENIOR	HIGH KICK	JUNIOR SENIOR
NO GI GRAND CHAMPION	JUNIOR SENIOR	TRADITIONAL KUMITE		X-TREME KICKING	JUNIOR SENIOR
GI GRAPPLING	ADULT ONLY	TRADITIONAL KATA		CREATIVE FORMS	(MUSIC OPTIONAL) JUNIOR SENIOR
POWER BREAKING	JUNIOR SENIOR	TRADITIONAL WEAPONS KATA		CREATIVE WEAPONS	(MUSIC OPTIONAL) JUNIOR SENIOR
CREATIVE BREAKING	JUNIOR SENIOR	UNISON KATA	TEAM EVENT	SYNC FORMS	TEAM EVENT

FINANCIAL BREAKDOWN FINANCIAL BREAKDOWN FINANCIAL BREAKDOWN

ENTRY INCLUDES FIRST 2 DIVISIONS	1	@ R200	R 200
ADDITIONAL EVENTS EACH		@ R50	R
GRAND CHAMPION/OPEN CHALLENGE		@ R60	R
SPECTATORS - 2 DAY PASS		@ R40	R
TEAM EVENTS (P/TEAM) ENTER TEAM NAME ONLY		@ R150	R
Tile Quantity (Sen)		@ R 15 /Tile	R
PARKING AND SECURITY		FREE	FREE



BFSA BREAKERS TAKE NOTE: Entry to BREAKING Cost is as above. R200 gives you entry to Power and Creative or power and +1 any other division

PRE REGISTRATION - EVENT DAY REGISTRATION WILL BE SUBSTANTIALLY MORE.

TOTAL ENTRY DUE: R

THIS IS AN OFFICIAL PROVINCIAL CHAMPIONSHIPS TO ATTEND DESTINY WITH PROVINCIAL COLOURS SHOULD YOU QUALIFY



SOUTH AFRICAN GRAPPLING ASSOCIATION

For assistance please contact nmaheadoffice@kickboxing.co.za

This Waiver must be completed and signed by legal Guardian. Failure to comply will void your participation at the tournament.

Event Dates: MARCH 17 & 18 - 2018 Name of Event: SWD CLASSIC - NMA/ISKA
 Event Producer: NMA/ISKA. Event: Martial arts competition, officiating, spectating and related activities
 Event Location(s): GEORGE CIVIC CENTRE and other event locations including PARKING FACILITIES

Please Read Carefully Before Signing Adult = 18 years of age or over; Minor = under 18 years of age

PLEASE NOTE: The "Released Parties", as referenced in the waiver below, include: GEORGE CIVIC CENTRE, and each of their respective parents, subsidiary, affiliated or related companies. Including, without limitation, the International Sport Karate Association, Inc, the National Mixed Martial Arts Academy of South Africa, Paul Caves Mixed Martial Arts, South African Grappler's Association, South African Sports Martial Arts, MASA, SASCO all event sponsors or charities, and each of their respective parent, subsidiary, affiliated or related companies; and the shareholders, officers, directors, employees, agents, owners, executives, selectors, referees, judges, admin staff, medical personal, contractors, subcontractors, representatives, subcontractors, successors, assigns and volunteers of each of the foregoing entities.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ANY AND/OR ALL OF THE RELEASED PARTIES USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ANY AND/OR ALL OF THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ANY AND/OR ALL OF THE RELEASED PARTIES HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration of my and/or my child or ward's participation in the Event referenced above and any related activities (collectively, the "Event"), wherever the Event may occur, I agree to assume all risks incidental to such participation (which risks may include, among other things, muscle injuries, broken bones, or death). On my own and/or my child or ward's behalf, and on behalf of my and/or my child or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with me or my child or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorneys' fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any and all tort, contract and other claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered before, during or after such participation. If I am executing this release on behalf of my child or ward, I understand the extent to which I am releasing the Released Parties for negligence.

To those risks inherent in the activity and any other risks (please be sure and read the uppercase text found above this paragraph). I declare that I and (if participating) my child or ward are physically fit and have the skill level required to participate in the Event and/or any such activities. I further authorize medical treatment for me and/or my child or ward, at my cost, if the need arises. I acknowledge that NMA/ISKA AND GEORGE CIVIC CENTRE is not responsible for organizing, operating, producing, supervising or otherwise conducting the Event and makes no representations or warranties, either express or implied, regarding the condition or suitability of the venue for the Event.

In consideration of my and/or my child or ward's participation in the Event, wherever the Event may occur, I also agree that my and/or my child or ward's name, likeness, voice, description, and performances at the Event may be recorded, compiled, edited, sold, distributed, and otherwise used by the Released Parties without restriction for purposes of publicity and marketing, television broadcast, home video or DVD, print media, or any other purpose, and I expressly waive on my behalf and that of my child or ward, the right to seek compensation therefore from any of the Released Parties; and that the email address(es) and phone and text numbers listed above and/or used by me in registration for the Event or otherwise provided to the Released Parties may be used for present and future marketing, survey, and data compilation purposes by the Released Parties and/or their subsidiary and/or affiliated companies or other entities at the discretion of the Released Parties, and that this may be considered an "opt-in" for those purposes and that I may receive emails regarding services, products, and future events.

This Waiver Form shall be governed by the laws of South Africa, and any legal action relating to or arising out of this Waiver Form or the Event shall be commenced exclusively in the Judicial Circuit in South Africa, I certify I am 18 years of age or older and, if I am executing this Waiver Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

DATE _____

Signature of Participant (if 18 or over); or
 Parent or Guardian (if Participant is under 18);
 or Court Appointed Guardian

Print Name of Participant (if 18 or over); or
 Parent or Guardian (if Participant is under 18);
 or Court Appointed Guardian

contact numbers of Parent or Guardian (if participant is under 18) **COMPULSORY!** _____

If you have any difficulty in understanding this waiver in any way please contact Shihan Phil Anderson at 044 8510114 / 072 3850581

**COMPLETE THIS FORM & HAND IT IN TO YOUR INSTRUCTOR ASAP
 NO CHEQUE PAYMENT ACCEPTED! ALL PAYMENTS & FORMS TO BE HANDED TO YOUR INSTRUCTOR**