

**International Martial Arts Classic**  
**September 25, 2010**

*Tournament Location:*  
*Arlington Convention Center*  
*1200 Ballpark Way*  
*Arlington, Texas 76011*

**TEAM REGISTRATION**

TEAM NAME: \_\_\_\_\_

1. Competitor Name: \_\_\_\_\_

2. Competitor Name: \_\_\_\_\_

3. Competitor Name: \_\_\_\_\_

4. Competitor Name: \_\_\_\_\_

5. Competitor Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

School: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Coach/School E-mail: \_\_\_\_\_

**IMAC TEAM Competition Registration Information and Fee:**  
**\$30.00 Per Team**

Send cashiers check or money order payable to:                      International Martial Arts Classic

Please send Payment and all pre-registration forms to:            **International Martial Arts Classic**  
**5107 Pershing Avenue**  
**Fort Worth, Texas 76107**

**RELEASE OF LIABILITY**

In consideration of your acceptance of my entry, I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge all rights and claims for damages which I may have or which may accrue to me against the Tournament director, the tournament facility, and any and all associations, Lamar High School, employees, officers, directors, all refereed, sponsors, tournament volunteers, and against any competitor for any and all damages which may arise out of traveling to, participating in, and returning from such and athletic competition. I understand that Taekwondo is a body contact sport and I may get hit, kicked, or struck by another person, which may cause injury to me. I understand that any medical treatment given will be first aid treatment only. I also understand that there are no refunds of any entry fees. No exceptions.

My signature constitutes my agreement to this release.

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_