DEMAS OPEN LONGSWORD TOURNAMENT July 29, 2017

| Name: | |
|---|--|
| Address: | |
| City: State: Zip: | |
| Phone: Email: | |
| School/Affiliation: | |
| Emergency Contact Person:Phone Number: | |
| I none number. | |
| I, the undersigned, do hereby voluntarily submit my application for att participate in The DEMAS Open Longsword Tournament to be held I do hereby assume full respons all damages, personal injury or losses that I may sustain or incur, how attending or participating in the said competition. I hereby release the organizers, and sponsors of the competition, individually or otherwise. limited to, Davenriche European Martial Artes School, and its director employees, successors and assigns, of and from any and all claims, de of money, actions, administrative proceedings, causes of action or suit or nature, and costs arising from my attendance at or participation in the Longsword Tournament, which I or my executors, administrators, legal assigns, has or will have, including, but not limited to, those arising as connection personal injury or bodily harm or death or other injury, who psychological or physical, which I may sustain or incur during my attendance in said Competition. I do hereby acknowledge and fully understand and acknowledge that medical assistance other than aid" type shall not be present or available on site. I hereby give my consent that any pictures/video furnished by me or at taken of me in connection with the tournament can be used for publicitelevision showing now or in the future, and I waive and forgo my right to receive any compensation in regard thereto. If have read and fully understand the above waiver. (If you are under your parent or guardian must sign this waiver). I have read and understand the rules | sibility for any and ever caused, while promoters, including, but not es, officers, agents, mands, debts, sums es, of whatever kind his DEMAS Open al representative, or a result or in ether mental, endance at and understand that any "first aid" type in that of the "first my pictures/video ty, promotion of int and entitlement |
| V V | |
| I certify that my child, being under the age of 18, has my permission to attend this to have understood all that is expressed in this waiver and release of liability, and I certifulgment, legally competent to agree to the waiver. | |
| Parental Signature if attendee is under 18 | Date |