DEMAS OPEN LONGSWORD TOURNAMENT January 28, 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 participate in The DEMAS Open Longsword Tournament to be hele——————————————————————————————————	onsibility for any and owever caused, while he promoters, ise, including, but not stors, officers, agents, demands, debts, sums that of whatever kinds of whatever kinds of this DEMAS Open egal representative, or as a result or in whether mental, attendance at and ly understand that any ne "first aid" type han that of the "first or any pictures/video icity, promotion of right and entitlement
V .	
I certify that my child, being under the age of 18, has my permission to attend thi have understood all that is expressed in this waiver and release of liability, and I judgment, legally competent to agree to the waiver.	
Parental Signature if attendee is under 18	Date