

Must be received by October 5, 2009

Individual Payment Page

Name of Athlete/Coach _____ Date of Birth ____/____/____

If Different, Your Name _____

Your Role: Self Parent/Guardian Coach School Owner Team Manager

	Save \$5.00 per Division & Register on-line	Off-Line (Save \$5.00 for on-line registration)					
		Deadlines	Before July 5	July 6 to Aug 30	Aug 31 to Sept .21	Sept .22 to Oct. 12	At the door after Oct. 12
PRICING TEAMS: PLEASE SELECT AS A DIVISION	Primary Discipline One Division		\$70	\$75	\$80	\$90	\$100
	Up to Three Divisions Same Discipline		\$85	\$90	\$100	NA	NA
	Secondary Discipline (Primary Discipline Required) One Division		\$40	\$40	\$40	\$40	\$40
	Additional Divisions		\$20	\$20	\$20	\$20	\$20
	Olympic Style Tae kwon do Scrimmage (must be paid Competitor)		\$25	\$25	\$25	\$25	\$25
	Mark Shuey Cane Master Seminar (must be Competitor, Spectator, Coach or Volunteer and sign a Disney Sports Waiver)		\$25	\$25	\$5	\$25	\$25

US Funds Only Form of Payment: Check/MO Number _____ (Please make payable **Disney's Martial Arts Festival**)
Please Note: there is a \$32 bank fee for all returned items and all checks are ran through TeleChex and will appear as **Tournament.Info**

Credit Card: Visa MasterCard AMEX Discover Amount authorized to charge: _____
All Charges will appear as **Tournament.Info**

Print Name as it appears on form of payment _____ Signature _____

Account Number _____ Expiration Date _____

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For Credit Card - If different then above please provide:

Street Number of Billing Address _____ Zip Code of Billing Address _____

REGISTRATION USE ONLY:

Total Paid: _____

Paid: Check _____ Cash: _____ CC: _____

OLYMPIC STYLE TAEKWONDO AND PROMOTERS CHAMPIONSHIP OLYMPIC STYLE TAEKWONDO: All Black Belt 14 yrs and older & Black Belt 11-13 Cadets will use the Daedo/Truescore Electronic Hogu's scoring system and must have electronic foot guards. Special pricing available at <http://daedofl.com/>

In Redeem Code field at check-out enter code TKD40% - No Cash on Delivery with special pricing.

All coaches of these Athletes must attend one of the Daedo/Truescore coaches meeting.

EVENT CONTACT INFORMATION:	Disney's Martial Arts Festival Address: 738 Riverside Dr., Coral Springs, FL 33071 Web: www.disneymartialartsfestival.com E-mail: registration@tournament.info Phone: 1-407-401-8877 Fax: 1-407-403-6418
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Disney Sports Waiver and Permission Form

(Adult and Minor)

Please Print

Participant Information

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____ Gender (M/F): _____ Emergency Phone Number: _____

Event Information

Event Date(s): October 16, 2009 – October 18, 2009 Team Name: _____

Event: Disney's Martial Arts Festival Event Manager: I-CAN.NET, INC. and Kids in Competition Karate, USA, Inc.

Sport Type(s): Martial Arts, and any other activities conducted at, or in conjunction with, the Event

Please Read Carefully Before Signing

(Adult – 18 years of age or over; Minor – under 18 years of age)

In consideration of my and/or my child or ward's participation in the Sport Type(s) and 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 and broken bones). 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 my 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 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 by me or my child or ward either before, during or after such participation. 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. For the purposes hereof, the "Released Parties" are Walt Disney Parks and Resorts U.S., Inc. and Disney Destinations, LLC, and their respective parent, subsidiary, affiliated or related companies; the Event Manager referenced above, all Event sponsors or charities, and each of their respective parent, subsidiary, affiliated or related companies; South Lake Hospital, Inc., The Toro Company, Orlando Regional Healthcare Systems, Inc., National Fluid Milk Processor Promotion Board, Amerada Hess Corporation, Hanesbrands Inc., Jostens, Inc. and Adventist Health System/Sunbelt, Inc., and each of their respective parent, subsidiary, affiliated or related companies; Reedy Creek Improvement District and its Board of Supervisors; and the officers, directors, employees, agents, contractors, sub-contractors, representatives, successors, assigns, and volunteers of each of the foregoing entities.

I further grant the Released Parties the right to photograph and/or videotape me and/or my child or ward and further to display, use and/or otherwise exploit my and/or my child or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event results and standings, without compensation, reservation or limitation. I further authorize distribution by the Released Parties of my contact information, including my e-mail address, to third parties for promotional purposes, or for any other purpose whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise any rights granted herein.

This Waiver and Permission Form shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Waiver and Permission Form shall be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in such county and having subject matter jurisdiction), and I specifically waive the right to trial by jury. I certify I am 18 years of age or older and, if I am executing this Waiver and Permission 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 over 18) or
Parent (if Participant is under 18) or Court
Appointed Guardian

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

Coordinators' Contact Information

For specific rules, divisions and discipline information, please use the contact list below.

INTERNATIONAL KUNG FU 10 QUEST CHINESE Kung Fu | Wushu | Tai Chi | Continuous Sparring | San Shou | Shuai Chiao | 3 Star Championship
Coordinator: Grandmaster Tot Mau Wong Phone: (415) 876 1122 7/30/2009