

**WAIVER AND PERMISSION FORM
CLASSICAL KARATE**

FIRST NAME: _____ M.I. _____ LAST NAME: _____

DATE OF BIRTH: _____ SEX: _____ EMERGENCY PHONE NO: _____

DOJO OR SCHOOL: _____ INSTRUCTOR: _____

EVENT INFORMATION

EVENT DATE(S): OCTOBER 24 through 26, 2008

NAME OF EVENT: DISNEY'S MARTIAL ARTS FESTIVAL

HOST: I-CAN NET, INC. & KIDS IN COMPETITION KARATE, USA, Inc.

LOCATION: Disney's Wide World of Sports Complex, Kissimmee, Florida

SPORT TYPE: TRADITIONAL CLASSICAL JAPANESE AND/OR OKINAWAN KARATE & KOBUDO AND/OR IAIDO

ADVISEMENT AND WAIVER

This advisement and waiver is in addition to waiver provided by Disney Sports Attractions.

Please be advised that this event is a non affiliated event is not sponsored and/or sanctioned by any governing body in Traditional Classical Japanese and/or Okinawan Karate & Kobudo.

In consideration of my or my child's and/or ward's participation in the Disney's Martial Arts Festival at Disney's Wide World of Sports® Complex, Kissimmee, Florida USA, I agree to assume all risks incidental such participation (which may include among other things muscle injury and broken bones). On my own and/or my child's and/or ward's behalf, and on behalf of my and/or my child's and/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's and/or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold harmless each of the Released Parties 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, 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 T-Bone Productions it's principles and agents, the United States Karate-do Federation (USA-NKF) it's Regional Sports Organizations, State Sports Organizations, Affiliates, member dojos and/or karate schools and their instructors, referees and officials, the American Athletic Union (AAU) it's Regional Sports Organizations, State Sports Organizations, Affiliates, member dojos and/or karate schools and their instructors, referees and officials, United States of America Karate Federation (USAKF) it's Regional Sports Organizations, State Sports Organizations, Affiliates, member dojos and/or karate schools and their instructors, referees and officials and any other national body and it's Regional Sports Organizations, State Sports Organizations, Affiliates, member dojos and/or karate schools and their instructors, referees and officials.

Date

Signature if Over 18 or Signature
Of Parent or Guardian

Print Name of Participant or
Parent/Guardian if Participant