

Registration Fee: 1 time only fee, includes cost of tournament in the single signup only

Please PRINT the following information

Mark Your Division/Sash Rank:

- 1. Senior Adult Youth
- 2. Black White Yellow
 Orange Green Blue
 Red Purple Brown

Single Category Signup = \$25.00
 Additional Category Charge (Per Category) = \$5.00

Full Name: _____ Gender: _____ D.O.B: _____ School (Mobile or New Orleans): _____
 Instructor: _____

Mailing Address: _____ City, State, Zip, Country: _____ E-mail: _____

Phone #'s: Day: _____ Evening: _____ Fax: _____

Please send your payment to: Liu Institute International 444 E-G Azalea Rd. Mobile, AL 36609	Official Use Only
	Date Received:
	Amount Paid:
	Payment Type:
	Check Number:

Single Signups: _____ x \$25.00 = \$ _____
 Additional Category Fee: _____ x \$5.00 = \$ _____
 Late-Registration Fee: _____ x \$10.00 = \$ _____

Total Amount Due: = \$ _____

Please fill out the appropriate box:

ENTER TOURNAMENT CATEGORY # BELOW
(USE EXTRA PAPER IF NECESSARY):

Pre-Registration Closes on April 30, 2007!!
NOTE: All entries received after the closing date will be subject to an additional \$10.00 charge.

Total Amount Enclosed
(please do NOT send cash):
 \$ _____ U.S.D
 (check or money order)

Statement of Waiver & Release of Liability

I, the undersigned, knowingly and without duress, do voluntarily submit this form to the Liu Institute organization committee and related organizations and affiliates (hereafter organization committee and affiliates). I do hereby assume all risk of personal, physical, or mental disabilities, injuries or losses, which may result from participating in the said the Liu Institute International Inter-School Competition, and acting for myself, my heirs, personal representatives, and assignees, I hereby release the said organization committee and affiliates, their officers, agents, representatives, servants, employees, and all other related members from all claims actions, suits, controversies and claims at law or in equity by stand that there is a risk in all activities, and I assume full responsibility for my actions, during and in connection with said organization committee and affiliates. I fully understand that any medical treatment given to me will be of the first aid type only, and I consent to such emergency treatment if deemed necessary. I further consent that any photos furnished by me, or any photos/videos taken of me in connection with the organization committee and affiliates can be used for publicity or television and I waive all compensation in regards thereto. *By signing your name and date below you indicate that you consent to the Statement of Waiver and Release of Liability above and that you are at least 18 years of age. If you are under 18 years of age, a parent must sign in lieu of the minor's consent.*

Signature of Participant or Legal Guardian of Participant: _____ Date _____

Note: All the events are open to both men and women. His/her parents must sign youth who participate in light sparring. No events have any age limitation except for Sanda/Sanshou. If the said division does not have 5 participants, we reserve the rights to group up with another division.