



The United States of America Wushu-Kungfu Federation, Inc.

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## 2005 U.S. Taolu Team Trials Registration Form

### 1. PERSONAL INFORMATION

I certify that I am a citizen of the United States of America (proof is required for participation)

Please initial here: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Instructor(s)/Coach(es): \_\_\_\_\_

### 2. USAWKF MEMBERSHIP INFORMATION

**Each competitor must be a USAWKF member to participate in the Team Trial Event.** The Membership Application Form can be downloaded from USAWKF website. All USAWKF memberships will be verified prior to Team Trials.

I am a member. Membership Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

No, I am not a member, but I have sent a completed membership application form with the appropriate fee to USAWKF Headquarters.

### 3. EVENT PARTICIPATION INFORMATION

Please note that each competitor must register, at a minimum, for one bare-hand and one apparatus/weapon form, and up to a maximum of 4 events. I would like to compete in the following events:

#### Bare Hand Events

Changquan  Nanquan  Taijiquan

#### Long Weapon Events

Staff  Spear  Nangun

#### Short Weapon Events

Straight Sword  Broad Sword  Taiji Sword  Nan Dao

#### Dual Event, Fighting Set

Details \_\_\_\_\_ (i.e. Spear vs. Broad Sword)

### 4. REGISTRATION FEE

Please select one of the following:

2 Events - \$100.00 if USAWKF member after 1/31/05

**2 Events - \$85.00 if USAWKF member on or before 1/31/05**

**Additional Events**

**3<sup>rd</sup> Event – Add \$50**

**4<sup>th</sup> Event – Add \$50**

**Total: \$ \_\_\_\_\_**

**5. WAIVER**

I, the undersigned, knowingly and without duress, do voluntarily submit my entry into the 2005 U.S. Taolu Team Trials. The 2005 U.S. Taolu Team Trials is sanctioned by the United States of America Wushu-Kungfu Federation Inc. (USAWKF) and organized Malee Khow's School of Tai Chi and Kung Fu. Hereafter, USAWKF and the trial hosts (Malee Khow's School of Tai Chi and Kung Fu) collectively are referred to as the Organizing Committee.

I hereby assume all risk of physical and mental injuries, disabilities, and losses, which may result from or in connection with my participation in the trials. I fully understand that any medical attention or treatment afforded to me by the Organizing Committee will be of the first aid type only. Acting for myself, heirs, personal representatives, and assignees, I do hereby release the Organizing Committee, their officers, agents, officials, judges, representatives, servants, employees, volunteers, and all other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause, or thing whatsoever that I may sustain as a result of or in connection with my participation in the trials.

I also understand that participation in the trials, especially but not limited to fighting point or full contact sparring matches, entails a great risk of injury, and I assume full responsibility for all of my actions, intentional or otherwise, during and in connection with my participation in the trials.

I agree that my performance, attendance, and participation at the trials may be filmed or otherwise recorded or telecast live. I consent to the use by the Organizing Committee of my name, likeness, voice, poses, pictures, and biographical data concerning fully or in parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video theatrical motion pictures, or any other medium by devices now known or hereafter devised, and I do hereby waive any compensation in regard thereof as well as any future rights to the aforementioned.

I agree to abide by the rules and regulations established by USAWKF and the Organizing Committee, and if I am selected, I will also abide by the U.S. Team Member Agreement, of which a copy may be obtained by written request via mail or facsimile.

I certify that all information provided above is true and correct to the best of my knowledge and belief, and I have read and fully understand the **Waiver** listed above. If the participant is under the age of 18, this agreement/waiver must be signed by his/her legal guardian.

_____	_____	_____
Name of Participant (print)	Signature of Participant	Date
_____	_____	_____
Name of Guardian (print)	Signature of Guardian	Date

**For Office Use Only**

Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check#: \_\_\_\_\_