

**FILL OUT COMPLETELY – Print Clearly**

**Mail completed form and check to:**

**Keith Teller  
2244 NW 9th Place  
Gainesville, Florida 32605**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Martial Arts School \_\_\_\_\_ Belt Rank \_\_\_\_\_ Wt \_\_\_\_\_

E-Mail \_\_\_\_\_ Under Black Lightweight[ ] Heavyweight[ ]  
Black Belt(Lt[ ] Mid[ ]  
Lt Hvy[ ] Hvy[ ] Executive[ ] Masters [ ] Women's Br/Bl[ ]

**Waiver and Release**

I, \_\_\_\_\_ Hereby waive , forego, and dismiss any and all rights I have or may have against The Gainesville Dojo, Lincoln M.S., Alachua County School Board, and all competitors, participants, spectators, and vendors resulting from any and all physical and mental injuries incurred or aggravated previously existing conditions while competing, participating, or spectating at “The Gainesville Challenge”. I fully understand that the martial arts and martial arts tournaments are inherently dangerous activities and that the likelihood for injury is significant. I realize and acknowledge that I am solely responsible for any medical attention and treatment that I may need. I also realize that any medical attention given at the tournament site will be of the first aid type. I declare that I am free of any physical or mental defects or illness which might prohibit competition. By signing this release I attest that I have fully read and understand the release and that my signature has been placed here freely and voluntarily without coercion, duress/ or influence. I also release any photo's that might be taken by the media or private citizens to be used for future advertisements.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian of competitor if under 18yrs of age)