

IMAF Waiver And Permission Form**Adults and Minor****Please Print****check one: ()Athlete ()Coach ()Volunteer****Participant Information****First name** _____ **M.I.** _____ **Last Name** _____**Date of Birth** ___/___/___ **Gender (M/F)** ___ **Emergency Phone Number** _____**Event Information****Event Date(s):** November 4-6, 2011 **Team Name:** _____**Event:** International Martial Arts Festival **Event Manager:** KICK USA Inc.**Activity(ies):** Martial Arts and any other activities conducted at or in conjunction with the Event

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 KICK USA Inc., International Sports Grappling Association, Walt Disney World Swan & Dolphin, 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; and the officers, directors, employees, agents, 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's 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 codified and common laws of the State of Florida without regard to conflicts of laws principles. Any legal proceeding of any nature brought by either party against the other to enforce any right or obligation under this Agreement, or arising out of any matter pertaining to this Agreement, shall be submitted for trial, without jury, before the Superior Court in and for Orange County, Florida; or, if the Superior Court does not have jurisdiction, then before the United States District Court for the Central District of Florida; or if neither of such courts shall have jurisdiction, then before any other court sitting in Orange County, Florida, having subject matter jurisdiction. The parties consent and submit to the exclusive jurisdiction of any such court and agree to accept service of process outside the State of California in any matter to be submitted to any such court pursuant hereto, and **EXPRESSLY WAIVE ALL RIGHTS TO TRIAL BY JURY REGARDING SUCH MATTER**. 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 over 18)
or parent, (if participant is under 18)
or court appointed guardian**



IMAF Volunteer Application

Name _____ Age _____ Birthdate _____
Address _____ City _____ State _____ Zip _____
Day Phone _____ Eve.# _____ Fax _____
Email _____ Other Contact _____
Style _____ Years Training _____ Rank _____

If different then above or if you are not the owner, please fill out the following:

Martial Arts School _____ Head Instructor/Owner _____
Address _____ City _____ State _____ Zip _____
Day Phone _____ Eve.# _____ Fax _____
Email _____ Other Contact# _____

IMAF Credential & T-shirt are non-transferable & may be revoked if the Regulations governing The International Martial Arts Festival are not followed. If asked to fill a certain position and you refuse, you will be asked to leave the event floor & must pay to re-enter the event.

VOLUNTEER INFO

What is your T Shirt Size: small medium Large XL XXL

What Discipline(s)/Championship(s) are you applying for _____

What Position are you Applying for: ___Scorekeeper ___ Registration ___ Awards ___ Ambassador

Have you done this before: ___Yes ___No, If not, would you be willing to attend a Training Class: ___Yes ___No

Is your child or family member competing: ___yes ___No, If yes, What age: _____ Experience level: _____

If no, do you have an Age Group preference: _____, Experience Level _____

What Days & Times are you available: Any Comments: _____

Friday, 10/29 from _____ to _____

Saturday, 10/30 from _____ to _____

Sunday, 10/31 from _____ to _____

REFEREE INFO

What Discipline _____ What is your current certification: _____

Have you Refereed at a National Event before: ___yes ___no, If yes, what position; _____

Do you have an Age Group preference: _____, Experience Level _____

What Days & Times are you available: Any Comments: _____

Friday, 10/16 from _____ to _____

Saturday, 10/17 from _____ to _____

Sunday, 10/18 from _____ to _____

If you have any questions, Please contact your discipline Coordinator or call 407-897-6856 or email: info@employetravel.com