

53rd Annual All American Open

Presented by : Grandmaster Jack Hwang

Saturday, April 1st 2017

Name: _____ Age _____ D.O.B _____

Address: _____

Martial Arts School: _____

Instructor: _____ His/Her Rank: _____

Your Rank: _____

\$50 for one event or \$60 for unlimited events. Check all the events you are going to compete in

Traditional Forms Sparring Team Forms Specialty Forms BB Board Breaking

I, the undersigned, do hereby voluntarily submit my application for attendance to participate in The AES Open Martial Arts Competition to be held _____. I do hereby assume full responsibility for any and all damages, personal injury or losses that I may sustain or incur, however caused, while attending or participating in the said competition. I hereby release the promoters, organizers, and sponsors of the competition, individually or otherwise, including, but not limited to, Jack Hwang Martial Arts, and its directors, officers, agents, employees, successors and assigns, of and from any and all claims, demands, debts, sums of money, actions, administrative proceedings, causes of action or suits, of whatever kind or nature, and costs arising from my attendance at or participation in this All American Open Tournament, which I or my executors, administrators, legal representative, or assigns, has or will have, including, but not limited to, those arising as a result or in connection personal injury or bodily harm or death or other injury, whether mental, psychological or physical, which I may sustain or incur during my attendance at and participation in said Competition. I do hereby acknowledge and fully understand that any medical treatment given to me during said Competition will be of the "first aid" type only. I understand and acknowledge that medical assistance other than that of the "first aid" type shall not be present or available on site.

Signed: _____ Parent/Legal Guardian: _____

Pre-Register by March 25th for a chance to win a set of Sai's. 10 sets will be given away!

Please mail registration and payment to

Jack Hwang, 1432 S.W. 89th Street, Oklahoma City, OK 73159

Name: _____ Age _____ Rank: _____

Martial Arts School: _____ Instructor: _____

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