



# New York Open

## 24th Annual KARATE-DO CHAMPIONSHIPS

October 7, 2018 at: 9:00AM

Venue: Westchester Community College, 75 Grasslands Road, Valhalla, NY 10595

Name: \_\_\_\_\_, \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female   
Last First  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_  
Belt Color/Rank: \_\_\_\_\_ Dojo Name \_\_\_\_\_

Months/Yrs. Training: \_\_\_\_\_ Sensei Name & Phone #: \_\_\_\_\_

### I WISH TO COMPETE IN:

- Kata Division: K- \_\_\_\_\_
- Kumite Division: S- \_\_\_\_\_
- Kobudo Division: W- \_\_\_\_\_
- Team Kata\* Division: TK - \_\_\_\_\_

Please fill out Team Kata/Kumite Form

### ALL FEES ARE FINAL:

- One or Two events \$70.00
- Three events \$80.00
- Team Events \$80.00
- After October 5th, additional \$20.00

Secondary Medical Coverage \$50:00: Yes \_\_\_ No \_\_\_

Remit payment to: Baxter Karate-Do, Inc.  
1550K Central Park Avenue; Yonkers, NY 10710  
Phone: (914) 665-2752  Fax: (914) 665-2270  
Email: [baxterkarate@gmail.com](mailto:baxterkarate@gmail.com)

## ADULT & MINOR AMATEUR ATHLETIC WAIVER & RELEASE OF LIABILITY

In consideration of being allowed participating in any way in the 2018 New York Open Championship athletic/sport program, and related events and activities, the undersigned:

1. Agrees that prior to participating the participant and/or Parent or Guardian (if under 18), will inspect the facilities and equipment to be used, and if the participant and/or parent or guardian, believes anything is unsafe, they will immediately advised the supervisor of the New York Open Championship or other Tournament officials of each condition(s) and refuse to participate.

2. Acknowledge and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and serve social and economic losses which might result not only from their action, inaction or negligence but the actions, inaction or negligence of others, the rules of play, or the condition of the promises or of any equipment used. Further, the participant, and/or parent or guardian acknowledge that there may be other risks not known or not reasonably foreseeable at this time. The participant and/or parent or guardian assumes all the forgoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.

3. Releases, waives, discharge and covenants not to sue the Baxter Karate-Do, Mr. Cleveland Baxter, the USA-NKF its officers, Westchester Community College its officers, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

4. **All entries are final; no refunds will be given.** I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures furnished by me or any pictures taken of me in connection with the tournament can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto. All participation in any event or class in this tournament is by permission only. The Director or his authorized agent(s) reserve the right to refuse entry to any person, school, team or club

The undersigned has read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

**5. Statement of Health.** By my signature below, I certify and declare that I am in sound health, with valid medical or health insurance coverage in effect at this time, and there is no reason why I cannot participate in this competition.

The undersigned has read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

\_\_\_\_\_  
Signature of Contestant

\_\_\_\_\_  
(If under 18 Signature of parent/guardian)

\_\_\_\_\_  
Date