Release Form for **Minors** (Competitors under 18 years of age)

NOTICE: This is a legal document, which must be properly completed and signed, or your entry will not be accepted. PLEASE READ CAREFULLY. It affects your rights. If you do not understand it, obtain legal advice before signing.

RELEASE, INDEMNITY, WARRANTY, AND ASSUMPTION OF RISK

IN CONSIDERATION OF the acceptance of the referred to as "the said child") to compete in and a (hereinafter referred to as "this event"), I/We for a remise and forever discharge, and agree to indem Hayabusakan Open 2022, the organizers of this everywants and representatives (hereinafter referred and demands in respect of death, injury, loss or definition to the content of the same may have been caused breach of a common duty of care as an occupier of the referred and demands in the same may have been caused breach of a common duty of care as an occupier of the referred to as "this event").	for being permitted to participate in the lamyself/ourselves and for and on behalf on the inity and save harmless. The Ontario Jude vent, their respective officers, executive to as "the Releases") from and against a samage to the person or property of the sawith the said child competing or participated by, contributed to or occasioned by	of the said child hereby release, to Black Belt Association, the state of the state of Black Belt Association, the state of the said child, or myself/ourselves, the state of
I/We agree for myself/ourselves and for and on be all consequences thereof, arising out of or in conr adhere to all rules, regulations and conditions of t	nection with the said child competing or	
I/WE CERTIFY THAT:		
1. the said child is in good physical condition ingested anything that would impair his/her percompeting or participating in this event.		
2. No physician, nurse, therapist, trainer, coachild to compete or participate in a body conta		ised me/us not to allow the said
3. 1/We am/are familiar with the sport of jud high risk of injury by the very nature of the sp		We am/are aware that there is a
4. We are the father and mother of the said centitled to act for and on behalf of the said chil		ild and the only person(s)
5. This Release Form authorizes the Shiai Di	rector, after consultation with me, to	permit a change in categories.
THIS DOCUMENT SHALL BE BINDING UPO EXECUTORS, ADMINISTRATORS, ASSIGNS SAID CHILD.		
1/We have read this document and I/w	e understand it fully.	
PARENT/GUARDIAN	PARENT/GUARDIAN	DATE:
SIGNED: PRINT NAME / RELATIONSHIP	 PRINT NAME / RELATIONSH	