



# FIRST SHORIN KEMPO KAIKAN OPEN TOURNAMENT 2020

Date: 1st February

Name:			
Date of Birth: Month / Day / Year			Age:
Address:		Country:	
Email Address:			
Full Contact Tournament Experience:		Tournament Experience:	
Kyu Grade or Dan Level:	Style:		
Height:	UNDER 75 Kgs:	OVER 75 Kgs:	

I understand and hereby swear that I have read the attached rules and regulations of the World Kumite Organization attached with this application and agree to all the terms and conditions set forth in the said rules.

I agree that I will hold no persons, promoter or organizer responsible or liable for any injury or injuries that may happen as a result of this competition. I hereby enter the said competition at my own risk. I agree to fight fairly and in the spirit of Budo/Martial Arts.

I agree that any Photos, Videos, TV footage or any other media form taken while attending and competing in the First Shorin Kempo Kaikan Open Tournament 2020 will belong to the promoters and may be used for commercial purpose or as they see fit.

Signed \_\_\_\_\_