



**Annex 1:**

All Karate Competitors must submit the following documents to be eligible to compete in the 2017 ManSask Open

1. Waiver and Release Agreement
2. A Medical Report comprised of a Medical History completed by the competitor and a Medical Examination to be completed by a licensed physician. **If all the answers related to the Medical History are "NO", then the Medical Examination is not required.** Note: Medical examination reports are not required for Kata only competitors.
3. All Medical Reports must be submitted at the time of registration to the Tournament Director.

All competitors should be aware of the following:

1. Competitors will not wear bandages, padding or supports during Kumite matches unless approved by the referee in consultation with the tournament medical staff.
2. Competitor injured during a match and declared unfit to fight by the tournament medical staff will not be eligible to further compete in the competition.
3. All fingers and toenails must be kept short.
4. Competitors will not wear metallic or other objects which may injure an opponent.
5. Competitors are advised to see their regular physician following competition for follow-up examination of any injuries suffered during the competition. Note: The full extent of some injuries may not manifest themselves until sometime following the injury, e.g. abdominal or head injuries.

**Acknowledgement**

**I UNDERSTAND AND AGREE that my signing of this document constitutes that:**

1. I am registering willingly and participating voluntarily in the Open Provincial Tournament competition.
2. I am physically, emotionally and mentally able to participate in the Open Provincial Tournament competition.
3. I have expressly disclosed all illness, injuries, ailments, symptoms and/or medical conditions of any kinds whatsoever suffered or sustained as requested in the Medical Report.
4. I agree to consult my regular doctor should such an examination be requested by the tournament medical staff.
5. I agree that there are risks as described in the Waiver and Release Agreement and will be exposed to these risks and hazards.
6. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss which I might receive while participating in the Open Provincial Tournament competition.
7. By participating in Karate Manitoba's activities, I hereby consent to having any picture or video image taken of me during any activity in any edited material used for Karate Manitoba's promotional activities, web site and souvenir videos. I also accept that Karate Manitoba use any photomontage and videotape in which I appear for television purposes.
8. I have read the Waiver and Release Agreement and understand its terms and conditions.

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

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Name of Participant (Please Print)  
Date

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Signature of Participant

Printed Name of Parent/Guardian if under 18

Signature of Parent/Guardian if under 18



**Annex 2:**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

**WARNING!**

**By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.**

This is a binding legal agreement. As a Participant in the programs, activities and events of Karate Manitoba and the ManSask Open, the undersigned acknowledges and agrees to the following terms:

**Disclaimer**

1. Manitoba Karate Association Inc., hereby referred to as 'Karate Manitoba' and its respective directors, officers, members, employees, coaches, volunteers, officials, participants, agents, owners/operators of facilities, and representatives (collectively the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during the sport of Karate, or as a result of, any competition, program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization and ManSask Open

**Description of Risks**

2. In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, activities and events. The risk and hazards include, but are not limited to, injuries from:
  - a) Physical contact with other participants
  - b) Striking participants and objects with parts of the body
  - c) Contact, colliding or being struck by other participants
  - d) Tumbling, falling, or being thrown to the floor
  - e) Executing strenuous and demanding physical techniques
  - f) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops
  - g) Exerting and stretching various muscle groups
  - h) Falls due to uneven or irregular surfaces
  - i) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment
  - j) Spinal cord injuries which may render me permanently paralyzed
  - k) Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.
3. Furthermore, I am aware:
  - a) That injuries sustained can be severe
  - b) That I may experience anxiety while challenging myself during the competition, activities, events and programs
  - c) That my risk of injury is reduced if I follow all rules established for participation; and
  - d) That my risk of injury increases as I become fatigued.

**Release of Liability**

4. In consideration of the Organization allowing me to participate, I agree:
  - a) That my physical condition has been verified by a medical doctor
  - b) To assume all risks arising out of, associated with or related to my participation
  - c) To be solely responsible for any injure, loss or damage that I might sustain while participating; and
  - d) To release the Organization from liability for any and all claims, demands actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions, or costs may have been caused by the negligence of the Organization.

**Acknowledgement**

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date



Printed Name of Parent/Guardian if under 18



Signature of Parent/Guardian if under 18



**Annex 3:**

**MEDICAL RELEASE FORM**  
**To be completed by all competitors**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

- |   |        |
|---|--------|
| 1. Have you any disease of the eyes?                                | Yes/No |
| 2. Do you have a hearing loss?                                      | Yes/No |
| 3. Do you have fainting spells, blackouts or epilepsy?              | Yes/No |
| 4. Have you had a recent head injury?                               | Yes/No |
| 5. Do you have any active lung infection including TB?              | Yes/No |
| 6. Do you have bronchial asthma?                                    | Yes/No |
| 7. Do you have an active kidney disease, infection or failure?      | Yes/No |
| 8. Do you have any loss of all or part of a limb?                   | Yes/No |
| 9. Do you have decreased movement in any limb, joint or spine?      | Yes/No |
| 10. Do you have any muscle or joint disease?                        | Yes/No |
| 11. Do you have diabetes?   | Yes/No |
| 12. Do you have any heart disease or high blood pressure?           | Yes/No |
| 13. Are you taking any medication? (Birth control does not apply)   | Yes/No |
| 14. Have you had any recent operations, fractures or major illness? | Yes/No |
| 15. Do you have any disease or disability not mentioned above?      | Yes/No |

If answer was "Yes" to any of above questions, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that I have read the above information and that, to the best of my knowledge, it is complete and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Competitor's signature (if under 18 – parent or guardian)



### MANSASK OPEN TOURNAMENT ENTRY FORM

**The 2017 ManSask Karate OPEN will be held on Saturday, October 28<sup>th</sup>, 2017**  
 Cheque payable to: Karate Manitoba

Registration fees: \$35.00 (members) \$50.00 (non-members) for Kata and/or Kumite

**DEADLINE: Sunday, Oct. 15<sup>th</sup>, 2017**

|                    |  |                  |  |
|--------------------|--|------------------|--|
| <b>First Name</b>  |  | <b>Last Name</b> |  |
| <b>Address</b>     |  |                  |  |
| <b>City</b>        |  | <b>Province</b>  |  |
| <b>Postal Code</b> |  | <b>Phone No.</b> |  |

|             |  |                    |  |
|-------------|--|--------------------|--|
| <b>Age</b>  |  | <b>Gender</b>      |  |
| <b>Rank</b> |  | <b>Weight (kg)</b> |  |
| <b>Club</b> |  | <b>Instructor</b>  |  |

**Indicate Your Division:**

| Division                   | Kata                     | Kumite                   | Division       | Kata                     | Division       | Kumite                   |
|----------------------------|--------------------------|--------------------------|----------------|--------------------------|----------------|--------------------------|
|                            | Individual               | Individual               |                | Team                     |                | Team                     |
| Little tiger (4-6 years)   |                          | <input type="checkbox"/> | 7 to 9 years   | <input type="checkbox"/> | 14 to 15 years | <input type="checkbox"/> |
| 7 to 11 years              | <input type="checkbox"/> | <input type="checkbox"/> | 10 to 12 years | <input type="checkbox"/> | 16 to 17 years | <input type="checkbox"/> |
| 12 to 14 years             | <input type="checkbox"/> | <input type="checkbox"/> | 13 to 15 years | <input type="checkbox"/> | 18 years & up  | <input type="checkbox"/> |
| 15 to 17 years             | <input type="checkbox"/> | <input type="checkbox"/> | 16 years & up  | <input type="checkbox"/> |                |                          |
| 18 years & up              | <input type="checkbox"/> | <input type="checkbox"/> |                |                          |                |                          |
| Masters event (45 years +) | <input type="checkbox"/> | <input type="checkbox"/> |                |                          |                |                          |



If you are participating in team events, please list the names of your team members:

Team Kata:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Team Kumite:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form Assistance – the definition of Kata is “forms” – Pinan/Heian Shodan, Pinan/Heian Nidan, etc. are examples of Kata. Kumite is sparring. All types of Karate Kata are welcome!

I, the undersigned, hereby waive all claims against all person connected with ManSask Open Karate Tournament for any injuries sustained during my taking part in the tournament. I hereby agree to give Karate Manitoba the rights to publish my name, photographs, and video recordings for promotional or marketing purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Competitor’s signature (if under 18 – parent or guardian)



**THIS FORM TO BE COMPLETED BY DOJO CHIEF INSTRUCTOR OR CLUB COACH – 1 PER CLUB**

DATE: \_\_\_\_\_

NAME OF DOJO: \_\_\_\_\_

The following athletes are our representatives for 2017 ManSask Karate Open:

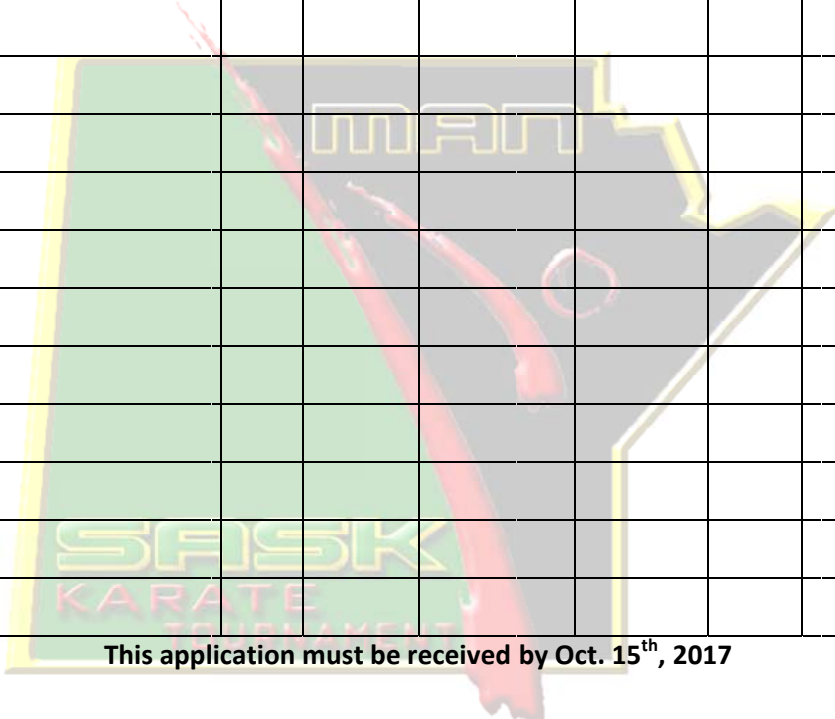


**CLUB SUMMARY PARTICIPATION FORM**



**TOURNAMENT ENTRY FEE: \$35.00 (MEMBERS) \$50.00 (NON-MEMBERS) per participant**

|     |      |     |     |      | PARTICIPATION |      |            |      |
|-----|------|-----|-----|------|---------------|------|------------|------|
| No. | NAME | SEX | AGE | RANK | KATA          |      | KUMITE     |      |
|     |      |     |     |      | Individual    | Team | Individual | Team |
| 1   |      |     |     |      |               |      |            |      |
| 2   |      |     |     |      |               |      |            |      |
| 3   |      |     |     |      |               |      |            |      |
| 4   |      |     |     |      |               |      |            |      |
| 5   |      |     |     |      |               |      |            |      |
| 6   |      |     |     |      |               |      |            |      |
| 7   |      |     |     |      |               |      |            |      |
| 8   |      |     |     |      |               |      |            |      |
| 9   |      |     |     |      |               |      |            |      |
| 10  |      |     |     |      |               |      |            |      |
| 11  |      |     |     |      |               |      |            |      |
| 12  |      |     |     |      |               |      |            |      |
| 13  |      |     |     |      |               |      |            |      |
| 14  |      |     |     |      |               |      |            |      |



**This application must be received by Oct. 15<sup>th</sup>, 2017**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**MEDICAL APPLICATION FORMS MUST ACCOMPANY THIS SUMMARY PARTICIPATION FORM**

**2017 MANSASK KARATE OPEN  
VOLUNTEER FORM**

Volunteer's Name: \_\_\_\_\_





Email: (required): \_\_\_\_\_

Contact number: \_\_\_\_\_ Text: \_\_\_\_ Yes \_\_\_\_ No

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please check option(s) below: *(scorekeepers will be provided pre-training)*

Scorekeeper     Timekeeper     Ring Assistant/Medal Runner

Registration     Merchandise Sales     Security     Medals Table

Please check your availability:

Half Day:  8 am – Noon     Noon – 5 pm     10 am – 3 pm

Full Day:  8 am – 4 pm     10 am – 6 pm

***If you or a family member is competing, please indicate the competitor's name and event to ensure you are not scheduled during this time.***

**Competitor Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Division**  Kata  Kumite  Team Event    **Division Name:** \_\_\_\_\_

COMPLETED REGISTRATIONS - *Please submit completed forms to:*

[Mansask2017@gmail.com](mailto:Mansask2017@gmail.com) or mail to: 2017 ManSask Open, c/o Karate Manitoba, 145 Pacific Ave, Wpg, R3B 2Z6. Contact us at [Mansask2017@gmail.com](mailto:Mansask2017@gmail.com) or [info@karatemanitoba.ca](mailto:info@karatemanitoba.ca) for more volunteer information.

Thank you for helping to make this event a success!