

AMERICAN MARTIAL ARTS SPORTS AND
EDUCATION ASSOCIATION Presents the

NATIONAL CONVENTION

CAPE GIRARDEAU, MISSOURI

March 10, 11, 12, 2023



Participant's Name: _____
(please print) Age _____ Rank _____

Home Address _____

Head Instructor: _____ Instructor's Rank: _____

Name of School: _____

School Address: _____

PARTICIPANT RELEASE

I the undersigned, hereby acknowledge that I am aware of and fully appreciate the nature of the Premises, of the American Martial Arts Sports and Education Association National Convention held at Southeast Missouri State University in Cape Girardeau, Missouri, of the physical activity in which I have requested to be allowed to participate, and of the danger of death or injury by my participation therein, and I knowingly, deliberately, and voluntarily choose to expose myself thereto and I assume all risks therein, and I solemnly Covenant, Contract, and agree that, if I am injured thereby, I have released, or I will, without the tender of payment of any other or further consideration whatsoever, release, indemnify, save and hold harmless from liability, whatsoever, any Official Associations, Corporations, Sponsor, Promoter, or anyone involved in said Convention, and Thereby assume full and sole responsibility for death and injury to my person. I have read the foregoing, or it has been read to me, understand the same, and agree to abide by all rules promulgated and to be promulgated by the American Martial Arts Sports and Education Association National Convention held at Southeast Missouri State University in Cape Girardeau, Missouri.

SIGNED _____

DATE _____

PARENT OR GUARDIAN RELEASE

For the consideration stated above, I/We parent(s) or legal guardian(s) of the minor stated above consent to and approve his/her Participation in the above named Convention, and agree to indemnify, save and hold said Convention from any loss, cost, liability, expense, or responsibility, whatsoever arising directly or indirectly, out of any injury or death that said minor might sustain as a result of participation in said Convention.

SIGNED _____

DATE _____

Registration Cost is **\$65** for each participant, and a separate registration form should be completed for each participant.

Please make all Checks payable to **MSKMO**. Mail to: **Charles Hildebrand 4831 Sharlane Drive, St. Louis, MO 63128**