

USANKF of NORTHERN CALIFORNIA, INC.
WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION (I.E., TRAVEL, TRAINING, COMPETITION, PROCESSING, MEETING OR TESTING SESSIONS) AT USA Grassroots Karate Camp Program Development at the University of the Pacific. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.

IN CONSIDERATION of my involvement in the sport and activities under the auspices of the **United States of America National Karate-Do Federation of Northern California, Inc.**, this sponsoring organization at this **USA Grassroots Karate Camp Program Development at the University of the Pacific**, I acknowledge, appreciate and agree that:

1. RISK IS INHERENT IN PARTICIPATION IN MY SPORT, and in related training and discipline, including risks from the use of equipment and facilities, the risk of injury does exist, as well as the risk of damage to or loss of property; THESE RISKS INCLUDE EXTENSIVE AND SEVERE BODILY INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, HARASSMENT, AND EXPOSURE TO INAPPROPRIATE CONDUCT.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;
I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.
4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE UNITED STATES NATIONAL KARATE-DO FEDERATION OF NORTHERN CALIFORNIA, INC., THE NATIONAL GOVERNING BODY, UNIVERSITY OF THE PACIFIC, OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND/OR LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.
5. This Waiver and Release of Liability shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the **USANKF of Northern California, Inc. and the University of the Pacific**, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the **USANKF of Northern California or University of the Pacific** or prior to termination of my participation.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____

Participant's Name (Printed) _____ Date _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releases from any and all Liability incident to my/our minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____ Date _____

Parent/Guardian Name (Please print) _____

PARTICIPANT CONSENT

TRANSPORTATION AND MEDICAL RELEASE

I hereby give consent for the **USANKF of Northern California, Inc.** to provide me with First Aid type medical care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted at this **United States of America National Karate-do Federation of Northern California, Inc. or University of the Pacific** under the auspices of the **United States of America National Karate-Do Federation of Northern California, Inc.** I authorize the **USANKF of Northern California** First Aid medical staff to perform basic first aid. In the event that emergency medical services are required, I hereby authorize the **USANKF of Northern California, Inc.** to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual to take me to the nearest available emergency medical center or hospital.

I further authorize the exchange of medical information and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted at this **USANKF of Northern California, Inc. USA Grassroots Karate Camp Program and the University of the Pacific** under the auspices of the **United States of America National Karate-Do Federation of Northern California, Inc.**

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this **USANKF of Northern California, Inc. and the University of the Pacific.**

This Release shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the **USANKF of Northern California, Inc. and the University of the Pacific**, whichever occurs first; provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by the **USANKF of Northern California, Inc. and the University of the Pacific** or prior to the termination of my participation.

X

Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **United States of America National Karate-Do Federation of Northern California, Inc.** at this USA Grassroots Karate Camp at the **University of the Pacific**, and consent to the provision of medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs conducted at this **United States of America National Karate-Do Federation of Northern California, Inc.** at this USA Grassroots Karate Camp at the **University of the Pacific**. In the event that emergency medical services are required, I hereby authorize the **United States of America National Karate-Do Federation of Northern California, Inc.** at this USA Grassroots Karate Camp at the University of the Pacific, to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual. I have instructed my son/daughter to abide by the Participant Conduct.

X

Date Signed: _____

Parent/Guardian Signature _____
Parent/Guardian Name (Please Print)

Relationship: _____

PARTICIPANT CONDUCT

I consent to abide by the below described rules of conduct for guests of this **United States of America National Karate-Do Federation of Northern California, Inc.** at this USA Grassroots Karate Camp at the **University of the Pacific** and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or IOC-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Overnight visitors are prohibited in the dormitory. Please check with the appropriate University of the Pacific for visiting hours as hours vary among the sites.
4. Quiet hours commence at 10:00 pm daily. No Leaving Rooms after Quiet hours commence unless given permission by Director.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition, and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered to be offensive under federal, state, or local laws, or a violation of the **United States of America National Karate-Do Federation of Northern California, Inc.** at this USA Grassroots Karate Camp at **the University of the Pacific** policies and procedures.
 - b. Gross misconduct (i.e. inappropriate horseplay, theft, fighting, etc.).
 - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the this **United States of America National Karate-Do Federation of Northern California, Inc.** at this USA Grassroots Karate Camp at **the University of the Pacific**.
11. Remember to return dorm keys to appropriate representative of the University of the Pacific, or any cost associated due to **your loss of key \$100**, or negligence to return the day of check out time will be the responsibility to pay for any and all additional cost.

X

Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the this **United States of America National Karate-Do Federation of Northern California, Inc.** at this USA Grassroots Karate Camp at **the University of the Pacific**.

X

Parent/Guardian Signature

Date Signed: _____

Parent/Guardian Name (Please Print)

Relationship: _____