

Athlete Waiver Form

Waiver and Release of Liability, Assumption of Risk and Parental Consent and Indemnity Agreement

In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors, and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against the USA Taekwondo and for its states and district associations, the Boise State University Open Taekwondo Championships, its organizing committee, the BSU Taekwondo Club, Boise State University, the State of Idaho, the United States Olympic Committee, the World Taekwondo Federation, and all members of this athletic meet, or their respective officers, committees, medical committee, agents, representatives, successors, sponsors, advertisers, volunteers, owners and lessors of premises on which the athletic meet takes place, assignees and against any competitor for any and all damages which may be sustained by me or the minor child, in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that all entry fees are non-refundable.

I understand the nature of the USA Taekwondo activities and believe that my experience and capabilities, or that of the minor child, to be qualified to participate in this athletic meet. I understand that United States Taekwondo Union activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death. These risks and dangers may be caused by myself or the minor child's own actions, or inactions, and/or the actions or inactions of others participating in the athletic meet.

I agree, if the minor child or I, are selected to be drug tested pursuant to the United States Olympic Committee National Anti-Doping Program, as amended. I understand that such drug testing may take place at any time during the competition. If the minor child or I fail to show up at the athletic meet, for any reason, I knowingly forfeit this competition and all applicable registration fees. I further understand that any pictures taken of the minor child or me in connection with this athletic meet may be used by the USAT for publicity or promotion without compensation.

I have read this agreement, fully understand its terms, understand that I or the minor child have given unsubstantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

_____ Participant's Printed Name	<u> X </u> _____ Participant's Signature	_____ Date
_____ Parent/Guardian's Printed Name*	<u> X </u> _____ Parent/Guardian's Signature	_____ Date
_____ Witness Printed Name (For All Participants)	<u> X </u> _____ Witness Signature	_____ Date

***Competitors under the age of 18 years old must have a Parent/Guardian**

Athlete Waiver Form

Consent for Medical Treatment

I, _____, consent to medical treatment for athletic related injuries/illnesses
Printed Name by Boise State University Medical Personnel and/or Hospital
Medical Staff. I authorize treatment by such personnel in the
event of injury or illness.

X

Athlete's Signature

Date

As a parent or legal Guardian of _____, who is under the age of 18, I hereby
authorize medical treatment in the event of an injury or illness while participating in a BSU event by BSU
Medical personnel and/or Hospital Medical Staff.

X

Parent/Guardian's Signature

Date

Insurance Information

Primary Insurance Company: _____

Insurance Address: _____

Insurance Phone: _____

Policy #: _____

Claimant's Name (Print): _____

Policyholder's Name (if different from claimant): _____

Athlete must provide a copy of primary insurance company card (front and back).