

**2015 Fall PNTA Taekwon-Do Friendship Tournament  
September 19, 2015  
ENTRY FORM**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Instructor: \_\_\_\_\_ School: \_\_\_\_\_

Pre-register by September 17, 2015

First Div. Entry Fee: \$40 (Add an additional \$10 for each additional event)  
**NO REFUNDS.** Make checks payable to: Bettencourt's Taekwon-Do America  
 (PLEASE CHECK THE DIVISIONS YOU ARE COMPETING IN)

**FREE SPARRING HYUNGS BREAKING WEAPONS TEAM SPAR**

\$40 \_\_\_\_\_ \$10 \_\_\_\_\_ \$10 \_\_\_\_\_ \$10 \_\_\_\_\_ \$10 \_\_\_\_\_

Method of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**WAIVER**

I, the undersigned, do hereby voluntarily participate in the 2015 PNTA Fall Friendship Tournament. I assume full responsibility for any and all damages, injuries, deaths or losses which I may sustain or incur while attending or participating. I hereby waive all claims against the tournament director, sponsors, officials, individuals, BTA for injuries including their sole or partial negligence on their part that I may sustain. I fully understand that my entry fee is non-refundable. I consent that any picture furnished by me or any pictures taken of me in connection with the tournament can be used for publicity, promotion or television showing, and I waive all compensation in regard thereto. I further acknowledge that martial arts competition is potentially dangerous and can result in injury. I am in good health and physical condition to participate in this tournament. I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER.

\_\_\_\_\_  
 Signature of contestant      Date                      Signature of Parent/Guardian      Date

Send to: Bettencourt's Taekwon-Do America  
 c/o 11954 NE Glisan St. #433  
 Portland, OR 97220  
 503-650-0680

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