



# 12<sup>th</sup> Annual U.C. Yongmudo Championship

Saturday, February 24, 2018 • Kleeberger Field House • U.C. Berkeley  
Competitor Registration Form

You **WILL NOT** be allowed to participate unless you provide the following information:

- Gender     Age     Weight (lbs)     Rank, Belt kup/dan + Years of Experience     Proof of Insurance  
 Liability Release Form, signed by competitor or parent/guardian if competitor is under 18 years of age.  
 Check or money order made payable in full to UC Regents

## 1. Competitor Information

Name \_\_\_\_\_ Gender    Female    Male    Age \_\_\_\_\_ Weight (lbs) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## 1a. School Information for non-UCMAP Yongmudo competitors

School Name \_\_\_\_\_ Instructor's Name \_\_\_\_\_  
School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School Phone \_\_\_\_\_ School Email \_\_\_\_\_

## 2. Rank Information & Martial Arts Experience

Rank, Belt, or Kup     White     Yellow     Green     Blue     Brown/Red     Black  
(Select one)    (10 kup)    (9-8 kup)    (7-6 kup)    (5-4 kup)    (3-1 kup)    \_\_\_\_\_

*NOTE: Color schemes differ between clubs. Please select the appropriate kup or dan rank above.*

Years of Formal Martial Arts Training: \_\_\_\_\_ Martial Art Style(s): \_\_\_\_\_

*NOTE: Rank and experience are required to make appropriate and safe tournament matchings.*

## 3. Select Events

**NOTE: A MOUTHGUARD is REQUIRED in ALL sparring matches**

A. Sparring Events (Check each type of competition desired below)

- Groundwork (1 round of groundwork)  
 2 Rounds YMD (1 round kicking/striking; 1 round groundwork)  
 4 Rounds YMD (kicking/striking; throws; groundwork; combination)

B. Group / Team Skit or 16-step Event

Group/Team Name:  
Name of Members:

## 4. Payment (check or money order)

Include check or money order payable to "UC Regents" for the total entry fee of \$40.

## 5. Submit Registration Materials (mail or hand-deliver)

Send all registration materials to: Dr. Russell Ahn, 12th Annual Yongmudo Championships, Recreational Sports Facility,  
2301 Bancroft Way, University of California, Berkeley, CA 94720

For Additional Information: Visit our website ([www.ucmap.org/tournaments/yongmudo/](http://www.ucmap.org/tournaments/yongmudo/)), send an email to us at [ymdtournament@ucmap.org](mailto:ymdtournament@ucmap.org), call (510) 642-3268 or send a fax to (510) 642-5730.

**IMPORTANT: PROOF OF APPROPRIATE MEDICAL INSURANCE is required to participate in this event.**



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## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

For Additional Information: Visit our website ([www.ucmap.org/tournaments/yongmudo/](http://www.ucmap.org/tournaments/yongmudo/)), send an email to us at [ymdtournament@ucmap.org](mailto:ymdtournament@ucmap.org), call (510) 642-3268 or send a fax to (510) 642-5730.

***IMPORTANT:*** PROOF OF APPROPRIATE MEDICAL INSURANCE is required to participate in this event.

LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT  
12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP  
February 24, 2018  
HAAS PAVILION, UNIVERSITY OF CALIFORNIA, BERKELEY

IN CONSIDERATION OF THE PRIVILEGE OF PARTICIPATING IN THE COMPETITION IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP**, FOR MYSELF, AND FOR MY HEIRS, CHILDREN, PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, ASSIGNS AND ADMINISTRATORS, I FOREVER RELEASE, ACQUIT, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE UNIVERSITY OF CALIFORNIA, THE UNIVERSITY OF CALIFORNIA MARTIAL ARTS PROGRAM, VOLUNTEERS, SPONSORS, AFFILIATED ORGANIZATIONS, COACHES, INSTRUCTORS, MANAGERS, TRAINERS OR DOCTORS, OR ANY OTHER PERSONS OR ORGANIZATIONS INVOLVED IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP**, OR ANY OF THEIR REGENTS, DIRECTORS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS, AFFILIATES, ATTORNEYS, SPOUSES, HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS OR ASSIGNS. I FURTHER AGREE TO HOLD EACH OF THEM HARMLESS AND TO INDEMNIFY EACH OF THEM FROM LIABILITY ARISING FROM ANY AND ALL CLAIMS (INCLUDING FOR THE NEGLIGENCE OF ANY OF THEM THAT MAY RESULT IN PERSONAL INJURY, ACCIDENT, ILLNESS OR DEATH), DEMANDS, COSTS, DAMAGES, ACTIONS, CAUSES OF ACTION, OR SUITS OF ANY NATURE OR KIND THAT ARE IN ANY WAY RELATED TO MY TRAINING FOR, TRAVELING TO, PARTICIPATING IN OR RETURNING FROM U. C. BERKELEY, OR TO MY USE OF THE FACILITIES, PREMISES OR EQUIPMENT INVOLVED IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP**.

FURTHER, IN THE EVENT I AM INJURED, I GRANT PERMISSION TO ANY AND ALL OF THE LICENSED ATHLETIC TRAINERS OR DOCTORS INVOLVED IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP** TO PROVIDE ME WITH MEDICAL ASSISTANCE AND TREATMENT. FOR MYSELF, AND FOR MY HEIRS, CHILDREN, PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, ASSIGNS AND ADMINISTRATORS, I FOREVER RELEASE, ACQUIT, WAIVE, DISCHARGE AND COVENANT NOT TO SUE USA TAEKWONDO, INC., THE UNITED STATES OLYMPIC COMMITTEE, OR ANY OF THE ORGANIZERS, VOLUNTEERS, SPONSORS, AFFILIATED ORGANIZATIONS, COACHES, INSTRUCTORS, MANAGERS, TRAINERS OR DOCTORS, OR ANY OTHER PERSONS OR ORGANIZATIONS INVOLVED IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP**, OR ANY OF THEIR REGENTS, DIRECTORS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS, AFFILIATES, ATTORNEYS, SPOUSES, HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS OR ASSIGNS, AND TO HOLD EACH OF THEM HARMLESS AND TO INDEMNIFY EACH OF THEM FROM ANY AND ALL CLAIMS (INCLUDING FOR THE NEGLIGENCE OF ANY OF THEM THAT MAY RESULT IN PERSONAL INJURY, ACCIDENT, ILLNESS OR DEATH), DEMANDS, COSTS, DAMAGES, ACTIONS, CAUSES OF ACTION, OR SUITS OF ANY NATURE OR KIND THAT ARE IN ANY WAY RELATED TO ANY INJURY I SUSTAIN OR SUFFER IN CONNECTION WITH SAID MEDICAL ASSISTANCE OR TREATMENT.

I ACCEPT RESPONSIBILITY TO PAY FOR ANY AND ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF ANY MEDICAL ASSISTANCE OR TREATMENT PROVIDED IN CONNECTION WITH THE TREATMENT OF ANY INJURIES THAT I MAY SUSTAIN IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP**.

I VERIFY THAT MY PHYSICIAN HAS EXAMINED ME AND CERTIFIED THAT I AM IN GOOD PHYSICAL CONDITION AND HAVE NO DISEASE OR INJURY THAT WOULD IMPAIR MY PERFORMANCE OR PHYSICAL CONDITION IN TRAINING FOR OR COMPETING IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP**. (I RECOGNIZE THAT IF I HAVE ANY EXISTING INJURIES THAT MAY AFFECT MY PERFORMANCE, I CANNOT PARTICIPATE IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP** WITHOUT A REPORT FROM MY PHYSICIAN AUTHORIZING MY PARTICIPATION, AND I VERIFY THAT IF I HAVE ANY SUCH INJURIES, THE REQUISITE REPORT IS ATTACHED TO THIS FORM.)

I ALSO CERTIFY THAT I AM FAMILIAR WITH THE RULES AND THE SPORT OF TAEKWONDO AND THE NATURE OF A TAEKWONDO CONTEST. I AM AWARE THAT THERE IS A HIGH RISK OF INJURY BY THE VERY NATURE OF THE SPORT DUE TO THE PHYSICAL CONTACT INVOLVED, AND I ASSUME ALL RISK RELATING TO MY PARTICIPATION IN THE SPORT OF TAEKWONDO AND THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP**.

I FURTHER CERTIFY THAT NO COACH, MANAGER, DOCTOR, NURSE, ATHLETE, TRAINER, OR OTHER PERSON HAS ADVISED ME NOT TO COMPETE IN A CONTACT SPORT FOR ANY REASON, NOR HAS ANY SUCH PERSON SPECIFICALLY ADVISED ME NOT TO COMPETE IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP**.

IF, IN CONNECTION WITH THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP**, I AM FOUND TO BE INVOLVED IN ANY ACT OF VANDALISM, I AGREE TO PAY FOR ANY AND ALL DAMAGE TO PERSONAL AND/OR REAL PROPERTY THAT IS CAUSED THEREBY, AND I UNDERSTAND THAT DISCIPLINARY ACTIONS THAT WILL PROHIBIT MY PARTICIPATION IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP** WILL BE TAKEN AGAINST ME.

I HAVE READ THIS LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT BY ENTERING INTO THIS AGREEMENT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. I UNDERSTAND THAT THIS AGREEMENT IS INCORPORATED BY THIS REFERENCE AS A PART OF THE OFFICIAL ENTRY FORM FOR THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP**. I ALSO UNDERSTAND THAT ENTERING INTO THIS AGREEMENT IS A CONDITION PRECEDENT TO AND IS CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATING IN THE **12th ANNUAL U.C. YONGMUDO CHAMPIONSHIP AND JUDO COLLEGIATE CHAMPIONSHIP** I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND BY MY SIGNATURE TO MAKE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAWS OF THE STATE OF CALIFORNIA. IF ANY PORTION OF THIS AGREEMENT IS HELD INVALID, I AGREE THAT THE BALANCE OF IT SHALL NEVERTHELESS CONTINUE IN FULL FORCE AND EFFECT.

DATE \_\_\_\_\_ SIGNATURE of CONTESTANT \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE of PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE \_\_\_\_\_