

## 2017 CANADA TAEKWON-DO CUP OPEN

## **WAIVE FORM**

NAME:				
AGE:	SEX:	HEIGHT:	CM WEIGHT:	KG
FULL ADD	RESS: _			(Mandatory for all competitors)
TEL.:			E-MAIL:	
DOJANG: _	JANG:INSTRUCTOR:			
DOJANG TI	DOJANG TEL.: DOJANG E-MAIL:			
RANK: _		_ EVENTS:		
PATTER	.N	SPARRING _	Obstacles of	course (under 5)
CUP OPE or injuries this event. I hereby w school, Cl Grand Mas and specta injuries. I a	N. By my pa which I may aive any and nan Hun Inter ster Phap Lu, tors of this evalso agree tha	rticipation in same I sustain or incur as a all claims/law suits a rnational TaeKwon-I organizer, officials, vent, individually or jut any and all photograms.	do hereby assume any result of my attendance against the Algonquin Do Federation and its chost, promoters, operationally, for any and all raphs, video, etc. taken	CANADA TAEKWON-DO y and all losses, damages, and / ce at and / or participation on  College; Lu's TaeKwon-Do corporations, Event director, ators, sponsors, competitors I losses, damages, and / or n by the officials of this event n any manner as they wish.
SIGNATUR	RE OF APPLIC	CANT: (Or Parent or Gu	DATE ardian if applicant is under	i: r 18 years old)

MAKE CHEQUE PAYABLE TO: PHAP LU E-MAIL: gmphaplu@gmail.com