

KICK International Membership Application - All Participants must be registered
If you do not wish to obtain an on line membership -You may download this form and Mail
completed applications to:

KICK International
483 S. Kirkwood Road Suite 11
St. Louis, MO, 63122, USA

REGISTRATION AND MEMBERSHIP FEE MUST BE PAID to
participate in any Kick International event.\$32.95 Cash or money order
includes Membership/insurance -no personal checks accepted
THIS APPLICATION MUST BE READABLE OR YOU WILL
NOT RECEIVE YOUR PERMENANT MEMBERSHIP CARD

First Name: _____ **MI:** _____ **Last Name:** _____

Phone Number: () _____ **Email Address:** _____

Street Address: _____ **City:** _____

State: _____ **Zip Code:** _____ (State Required) **SSOC#** _____

Trainer's Name _____, **Street Address** _____

City _____ **State** _____ **Zip** _____ **Telephone** _____

Birthdate: (example: 7/22/1982) _____ **Sex (circle one):** Female / Male

Mark your request for registration **MMA** _____ **Kickboxing** _____

Judge _____ **Referee** _____ **Cornerman** _____ **Rep** _____ **COMPETITOR** _____

If you wish to participate as a competitor please provide the following

Weight: (whole lbs.) _____ **Height:** (feet, inches) _____ **Reach:** (inches) _____

Have you ever competed in any other kickboxing competition in the past?

If so provide information as to how many times and if you won or lost.

Before we can process your application you must

Acknowledge and sign the following form

This is a Membership Release and Waiver, READ BEFORE SIGNING

IN CONSIDERATION OF MEMBERSHIP GRANTED ME OR MY SON/DAUGHTER BY KICK INTERNATIONAL. (KICK INTERNATIONAL) TO PARTICIPATE AS AN AMATEUR IN ANY MARTIAL ARTS APPROVED OR SANCTIONED EVENTS INCLUDING KICKBOXING OR MIXED MARTIAL ARTS OF ANY KIND, DURING MY OR HIS/HER TENURE. I, THE UNDERSIGNED, TAKE THE FOLLOWING ACTION FOR MYSELF, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, SUCCESSORS MY PERSONAL REPRESENTATIVE AND ASSIGNS: I agree that: A) I WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL CLAIMS OR LIABILITIES FOR DEATH OR PERSONAL INJURY OR DAMAGES OF ANY KIND, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, WHICH ARISE OUT OF OR RELATED TO MY PARTICIPATION IN, OR MY TRAVELING TO AND FROM AMARTIAL ARTS EVENT, MMA, OR KICKBOXING EVENT OR SUPERVISED PRACTICE. THE FOLLOWING PERSONS OR ENTITIES: KICK INTERNATIONAL AND ITS RECOGNIZED CERTIFIED CLUB; EVENT FACILITIES; THE TOURNAMENT DIRECTORS; SPONSORS; OFFICIALS; COACHES; EVENT PHYSICIANS AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, AND EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY THE ABOVE; B) I AGREE NOT TO SUE ANY OF THE PERSONS OR ENTITIES MENTIONED ABOVE FOR ANY OF THE CLAIMS OR LIABILITIES THAT I HAVE WAIVED, RELEASED OR DISCHARGED HERIN; AND C) I INDEMINIFY AND HOLD HARMLESS THE PERSONS OR ENTITIES MENTIONED ABOVE FROM ANY CLAIMS MADE OR LIABILITIES ASSESSED DURING MY PRESENCE OR PARTICIPATION. I WILL REMOVE MYSELF FROM PARTICIPATION AND BRING SUCH TO THE ATTENTION OF THE NEAREST OFFICIAL IMMEDIATELY. D) I UNDERSTAND AND AGREE THAT ALL KICK INTERNATIONAL MEMBERS AND AFFILIATED MEMBERS, OFFICIALS, PARTICIPANTS AND THEIR GUESTS PARTICIPATE VOLUNTARILY AND AT THEIR OWN RISK IN ALL KICK INTERNATIONAL ACTIVITIES. E) I, THE UNDERSIGNED, FULLY UNDERSTAND THAT PARTICIPATION IN THE SPORT OF KICKBOXING CARRIES A RISK TO ME OF SERIOUS INJURY INCLUDING PERMANENT PARALYSIS OR DEATH. I VOLUNTARILY AND KNOWINGLY WILL ABIDE BY ALL RULES, REGULATIONS AND DECISIONS OF KICK INTERNATIONAL AND RECOGNIZE, ACCEPT AND PERSONALLY ASSUME ANY AND ALL RISK. I ACKNOWLEDGE THAT I AM COMPETING AS AN AMATEUR AND CAN NOT AND WILL NOT ACCEPDT ANY PAYMENT WHICH CAN BE RECOGNIZED AS A FEE OR PURSE TO COMPETE. IF I AM PAID TO COMPETE I ACKNOWLEDGE THAT I WILL NOT BE COVERED BY INSURANCE PROVIDED BY KICK INTERNATIONAL AND SHALL FROM THIS POINT FORWARD BE NO LONGER BE CONSIDERED AS AN AMATEUR.

WAIVER OF RIGHTS UNDER STATE STATUTE

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this Release and Indemnification Agreement including, but not limited to, Section 1542 of the California Civil Code which provides:

“A general release does not extend to the claims which a creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement with the debtor”

ALL PARTICIPANTS: I CERTIFY THAT I HAVE HAD NO INJURES TO MY HANDS, FEET, OR LEGS, NEITHER FRACTURES NOR BROKEN BONES, WHICH EXIST OR OCCURED WITHIN THREE MONTHS PRECEDING THE DATE OF THE ATHLETE MEMBERSHIP APPLICATION FORM, AND KNOW OF NO INJURIES TO THE HEAD, CONCUSSION OR FAINTING SPELLS, I WILL NOTIFYMY COACH, TRAINER, OR OTHER LOCAL KICKBOXING OFFICALS IMMEDIATELY SHOULD ANY OF THESE INJURIES OR CONDITIONS BE EXPERIENCED IN THE FUTURE. I FUTHER AGREE THAT IF I DO EXPERIENCE ANY IF THE AFOREMENTIONED CONDITIONS OR INJURIES. I WILL IMMEDIATELY CEASE TRAINING, SPARRING AND COMPETING AS A KICKBOXER UNITL SUCH CONDITIONS OR INJURIES NO LONGER EXIST.

FEMALE PARTICIPANTS ONLY: I CERTIFY THAT I AM NOT PREGNANT, OR HAVE ANY PAINFUL PELVIC DISCOMFORT SUCH AS SYMPTOMIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OF UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMENORRHEA), RECENT DEVELPOMENT BREAST MASS, RECENT BREAST DYFUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS, AND UNDERSTAND THE KICK INTERNATIONAL OFFICIAL RULES AND REGULATIONS PERTAINING TO MY PHYSICAL CONDITION. I FURTHER AGREE THAT I WILL IMMDEIATELY NOTIFY MY COACH, TRAINER, OR OTHER LOCAL KICKBOXING OFFICIAL IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP/APPLY

By signing this release I certify that: I, the undersigned, have read this Release/Waiver and understand all its terms and conditions. I execute it voluntarily and with full knowledge of its significance.

Signed _____ Date ____/____/____
(Participant's Full Name)

PARENTAL WAIVER: I, the undersigned, _____ (parent/guardian) the parent and natural guardian of _____ (minor's name) hereby execute the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the waiver and release. I represent that I have legal capacity and authority to act for and on behalf of the minor name herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

*Signed _____ Date ____/____/____ *REQUIRED IF ATHLETE IS A MINOR
(Parent(s) or Legal Guardian)