



# MONTANA TAEKWONDO ASSOCIATION

# COMPETITION

# CLINIC APPLICATION

### Rank/Previous Competition:

I am a...

- Black Belt
- Red Belt
- Blue Belt
- Green Belt
- Yellow Belt
- White Belt

I have competed at...

- Local Events
- State Championships
- Regional Qualifiers
- Nationals
- International Events

Either present at the competition clinic or mail your application, a photocopy of your MTA membership, and a Check or Money Order made payable to the **Montana Taekwondo Association to: MTA Competition Committee**  
**301 Main Street**  
**Kalispell, MT 59901**

Athlete Information — Please Print Legibly			
Name:			
Mailing Address:			
City:		State:	ZIP:
Gender:	Date of Birth:	<b>CLINIC FEES:</b> <i>MTA Members - \$25</i> <i>Non-Members - \$35</i>	
Telephone:			
E-mail Address:			
School/Club Name:			
Owner/Operator/Instructor Name:			
Mailing Address:			
City:		State:	ZIP:

### WAIVER & RELEASE OF LIABILITY

(MUST be signed in order to participate)

**In consideration of your acceptance of my/my child's application**, I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or may accrue to me against the Montana Taekwondo Association (MTA) while participating in any of its programs and affiliated events. I do hereby further release from claim or lien any and all members, officials, volunteers, and other individuals acting in any capacity on behalf of MTA. I further state that I fully understand that the above named parties are not responsible for injuries or damages sustained during travel to or from MTA events or activities and that Taekwondo competition is a contact activity with inherent risks of physical injury (including serious injury and death). I hereby represent that I possess insurance coverage for myself/my child. I understand that the MTA reserves the right to reject my application for any reason deemed appropriate by the MTA.

\_\_\_\_\_  
 Name of Applicant/Parent/Guardian  
 (Please Print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date