

The Way of the Warrior

SORRY NO CHECKS DAY OF EVENT

Name- _____ Male or Female- ____ Age- _____

Address- _____

_____ Phone- _____

School/Instuctor- _____

Rank- (circle your rank)

Novice Intermediate Advanced Black Belt

Divisions (check all divisions competing in)

Positions Grappling- _____ Weight- _____

Weapons- _____ Kata/Forms- _____ Sparring/Fighting- _____ Fusion (18+)- _____

Weight- _____

I, the undersigned, hereby release Michael Sartwell, The Way of the Warrior Tournament, Twin State Martial Arts Association, Lebanon High School, and all persons associated with this event in any capacity, from being sued or any liability due to injuries, etc., that may incur as a result of my attendance and/or participation at the above specified event. Furthermore, I hereby waive any compensation whatsoever for the use of pictures, movies, media coverage, etc. utilized by those associated with this event at any time.

Signature/Date

Signature of parent/guardian (if under 18)/Date

Mail to N.I.M.M.A. 140 North St, Claremont, NH 03743.

Checks made payable to N.I.M.M.A.

\$60 Pre-register before April 5th

\$70 After April 5th/at the door