

Tournament Registration Form



Date:	Saturday, April 12, 2025 Doors open: 9:00am Tournament starts: 10:00am
Location:	McKinnon Park Secondary School 91 Haddington St. Caledonia, ON
Organization/Host Club:	MAPDA Wado-Ryu Karate-Do
Tournament:	Annual Tournament
Ranks Permitted:	All ranks
Ages:	All ages
Cost:	\$25/person, family pricing \$5 for third person+
Register By:	Saturday, April 5th

Competitor Information	
First Name:	Last Name:
Gender:	Age:
Rank:	Approx Height:
Club:	Instructor:
Street Address:	
City:	
Province:	
Postal Code:	
Email:	
Phone:	
Divisions (Please X divisions you would like to participate in)	
<input type="checkbox"/> -> <input checked="" type="checkbox"/>	
(Mandatory divisions have been pre-marked)	
Kata <input checked="" type="checkbox"/>	Kumite <input type="checkbox"/>
Please read and sign the following waiver page for admission to complete the application for this MAPDA event. Please make all cheques payable to: S.W.O.R. Wado-Ryu Karate-Do. Please email any scanned registration forms to sworfund@mapda.ca or submit to your head instructor.	

Concussion and Head Injury Policy

Concussion Code of Conduct

Participants will act in a manner which is safe and provides the least risk to each other. Sparring equipment must be worn when participating in kumite (point sparring), and Participants are to refrain from contact with each other at all times, except for soft techniques using grabbing, redirective, or other non-striking motions.

Removal From Sport Protocol Due to Head Injury

If a Participant is suspected of receiving a head injury they are to be immediately assessed by an instructor or first-aid official of the club. Participants who are likely to have a concussion based on the assessment will be removed from participation of the club and are highly recommended to speak to a healthcare professional as soon as possible.

Return To Sport Protocol Following Removal Due to Head Injury

A Participant who was removed from sport due to a head injury must seek medical guidance before returning. The Participant may return after they demonstrate progression through a graduated process (such as the one recommended by MTCS Ontario) for returning to sport. In all cases, a Participant may be removed from class at the sole discretion of an instructor if that instructor believes the participant is not fit to participate.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
(hereinafter referred to as the "Release Agreement")**

PLEASE READ CAREFULLY!

BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

TO: MARTIAL ARTS PROMOTIONAL AND DEVELOPMENT ASSOCIATION ("MAPDA"), and its affiliated provinces and territories and its local associations and clubs, and their respective directors, officers, instructors, volunteers, members and authorized guests (hereinafter collectively referred to as the "Releasees").

ASSUMPTION OF RISKS

I am aware that participating in the sport of martial arts involves many risks, dangers and hazards including, but not limited to: being struck by a person, being struck by a training weapon; collision with other persons or objects; falling; the risk of stroke, heart attack or other similar life threatening conditions caused by physical exertion; the risk of personal injury including, but not limited to, strains, sprains, fractures, brain injury, spinal cord injury including paraplegia or quadriplegia, or death; loss of balance or control; slips, trips and falls; negligent first aid; failure to act safely or within one's own ability; negligence of other persons; and, **NEGLIGENCE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees accepting my application (or my child's application) for participation in MAPDA, and permitting my use of the facilities and premises provided by the Releasees (hereinafter "the premises"), I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against THE RELEASEES, and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer, as a result of my participation in the sport of martial arts including, but not limited to, my use of the premises DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER ANY PROVINCIAL OCCUPIERS' LIABILITY LEGISLATION ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES THE FAILURE ON PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.**
- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of or personal injury to any third party, resulting from my use of or presence on the premises;**
- 3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;**
- 4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction; and**
- 5. Any litigation involving the parties to this Release Agreement shall be brought solely within the Province of Ontario, and shall be within the exclusive jurisdiction of the Courts of the Province of Ontario.**

In entering into this Release Agreement I am not relying upon any oral or written representations or statements made by the Releasees with respect to the safety of martial arts other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

(Printed Name - Applicant)

(Signature - Applicant)

(Date)

MAPDA SIGNATURE ONLY

(Signature of Club Official)

I hereby apply the previously named person (hereafter referred to as "Participant") for participation with the Martial Arts Promotional and Development Association (hereafter referred to as "MAPDA"), and upon their acceptance, Participant will follow all MAPDA Rules And Regulations for maintaining order and protecting people from injury, and to respect the discipline of the instructors. Except for where services are not rendered or products not received, I acknowledge that all payments to MAPDA are final.

I hereby release and forever discharge MAPDA, their officers, instructors, members, and authorized guests, from any and all actions, causes of actions, claims, and demands for damages, loss or injury, howsoever arising and whether or not caused by any intentional or negligent act or omission of MAPDA, their officers, instructors, members, and authorized guests, which may hereafter be sustained by Participant in consequence of participation with MAPDA. I agree that MAPDA and its members shall not be responsible for any damage, loss, or theft of possessions while using the MAPDA premises. I waive any right to claim against MAPDA for any bodily injury, loss, or damage as a result of any exposure to COVID-19 or any other infectious disease. I understand that by signing this waiver, this may affect Participant's legal rights.

Member clubs of MAPDA collect information from participants when they register to take part in a program. Registration information required by MAPDA may include: name, age, birth date, address, phone number, email address, gender, rank, emergency contact information, and provincial medical number in case of accident or illness.

I understand that in the regular course of operation that the members of MAPDA, and authorized guests (including other participants, instructors, judges, bystanders, media reporters, and others), may take photographs and video of Participant and distribute through news sources (including TV, newspapers, magazines, and other publications), as well as social media. **By signing this document, I am consenting to the use of my image in this regard.**

Participant's club's Privacy Officer, as well as the Privacy Officer for MAPDA, are responsible for Participant's personal information, and ensure that all personal information is handled in a confidential manner, and all reasonable precautions are taken to avoid loss, theft, or unauthorized access, disclosure, copying, use, or modification.

I hereby certify that I, and Participant if separate people, have read and understand the **Concussion and Head Injury Policy** included with this document. I, and Participant if separate people, have received concussion awareness materials as part of this registration package and have both reviewed and understand their contents OR have reviewed and understood their contents within the last year.

Participant's Signature (if different than Applicant): _____

Applicant's Initials: _____

(Printed Name - Applicant)

(Date)

(Signature - Applicant)

MAPDA SIGNATURE ONLY

(Signature of Club Official)