**LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOURNAMENT DATE Nov. 15, 2025**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE \_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_INSTRUCTOR’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL OR PHYSICAL CONDITION(S) NOTED HERE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(IF STUDENT IS UNDER 18 YEARS OF AGE)**

**E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Release of Liability, Waiver of Claims, Assumption of Risk Agreement – By signing this tournament registration form, you are agreeing to waive certain legal rights including the right to sue.**

**Assumption of Risk**: I am aware and acknowledge that there are certain inherent risks and hazards that can result in physical injury or possibly death to participate in martial art programs, classes, tournaments, seminars, testing, and events. I hereby freely agree to assume and accept all known and unknown risks or injury, damages or loss regardless of severity while participating in this martial art tournament for myself or minor child or ward.

**Release and Waiver of Claims Agreement**: I agree to waive and relinquish all claims I or my minor child or ward may have as a result of participating in this martial art tournament now or in the future against: True Way LLC, Weisberg Taekwon-Do Center LLC, Oleksandr Dmytruv, Barry Weisberg, Itasca Park District, Medinah Park District, Roselle Park District, and/or Wood Dale Park District and any participating martial art school and any instructor. I do hereby fully release and discharge for all the above mentioned, any claims from injuries, damage or loss of which I or my minor child or ward may have of which may accrue to me or my minor child or ward and arising out of, connected with, or in any way associated with this martial art program, classes, tournaments, seminars, testing, and events.

**In the event of an Emergency**: I authorize True Way LLC, Weisberg Taekwon-Do Center LLC, Oleksandr Dmytruv, Barry Weisberg, or on-site medical personnel to call an ambulance or secure treatment deemed necessary for myself or my minor child or ward and I will be responsible for all payments of any services rendered.

**Photography and Video**: I understand there might be photographs and/or video taken of myself or my minor child or ward and these are the property of True Way LLC and Weisberg Taekwon-Do Center LLC and can be used or published for advertising and promotion of this martial art program, classes, tournaments, seminars, testing, and events and I am not entitled to any compensation for the use of these photographs or videos.

**I have read and understand this release and I am aware that by signing this agreement I may waive certain legal rights including the right to sue True Way LLC, the Weisberg Taekwon-Do Center LLC, Barry Weisberg, and/or Oleksandr Dmytruv, and/or any instructors and/or agents of both, and/or any park district, and/or any guest instructors and agents.**

**Please mail or hand deliver this registration form and a check made payable to Dmytruv Team LLC**

**Or**

**through Zelle: Dmytruv Team LLC, phone number 224-830-2457**

**for $60.00 for each participant by November 1, 2025**

**One registration form per each participant.**

**If mailing by check, please mail to:**

**Mr. Oleksandr Dmytruv**

**8 Brookton on Auburn**

**Rolling Meadows, Illinois 60008**

**Please note:**

* **Tournament fee and registration form if received through the mail or through Zelle by November 1, 2025: $60.00**
* **Tournament fee and registration form if received through the mail or through Zelle after November 2, 2025: $65.00**
* **Tournament fee and registration through the mail or through Zelle ends on November 10, 2025**
* **Tournament fee and registration at the door: $70.00**

**Refunds will only be granted at the discretion of Mr. Oleksandr Dmytruv**