



# 美國國術總會

## United States Kuo Shu Federation

*President:*  
Grandmaster Huang, Chien-Liang

會長:  
黃乾量

Attention: All Kuo Shu Lei Tai Competitors must fill out this form.  
(In addition to the registration form)

### KUO SHU LEI TAI ENTRY AND WAIVER FORM

Name: \_\_\_\_\_ Sex: Male/Female (circle one)

Birthday: \_\_\_\_\_ Tel (H): \_\_\_\_\_ (W): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I, \_\_\_\_\_, wish to participate in the 2010 U.S. International Kuo Shu Championship Tournament to be held on 23 July through 25 July 2010 in Hunt Valley, Maryland. Neither I, nor my forbears or representatives, will hold liable the promoters, referees, judges, instructors, sponsors, or the establishment where this Tournament is held, for injuries or subsequent health problems sustained by me during the Tournament. I understand that I must provide and complete the 2010 Lei Tai (Full Contact Fighting) Pre-Participation Health Questionnaire that provides information and proof that I am fit to fight in this vigorous, and potentially dangerous, Lei Tai fighting competition. I also understand there is a great risk of injury or even death, and I assume full responsibility for all my actions. The 2010 Lei Tai (Full Contact Fighting) Pre-Participation Health Questionnaire must be dated on or after 23 June 2010. I understand that without the Questionnaire, I will not be allowed to fight.

I certify that, at the time of the 2010 U.S. International Kuo Shu Championship Tournament (July 23-25, 2010), I will be a minimum of 18 years of age and less than 41 years of age. I understand that if asked, I must be able to provide proof of age upon request. Without proof of age, I understand that I will not be allowed to fight. I certify that the information provided above has been filled out accurately to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date