

2024 CACMA Lei Tai Entry and Waiver Form Attention:

All CACMA Lei Tai competitors must fill out this form

(In addition to the registration form)

Name: _____

Sex assigned at birth: Male/Female (circle one)

Birthday: _____

Telephone number: _____

Mailing Address: _____

Email Address: _____

Insurance Company: _____ Policy Number _____

I, _____, wish to participate in the 2024 CACMA Queen's Cup Tournament to be held on October 14, 2023 in Charlotte, NC. 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, disclosures of medical and health information, or subsequent health problems sustained by me during the Tournament. I understand that I must provide and complete the 2024 Lei Tai (Full Contact Fighting) Pre-Participation Health Questionnaire and physical exam showing 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, damages, and injuries. I consent to treatment by onsite emergency medical service providers as needed and the sharing of my Lei Tai (Full Contact Fighting) Pre-Participation Health Questionnaire information with said providers and subsequent providers to whom I may be referred. I certify that, at the time of the 2024 CACMA Queen's Cup Tournament I will be a minimum of 18 years of age and less than 45 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. By signing below, I recognize that the CACMA does not warrant the safety or quality of any of the accessories used by competitors or inspected by the CACMA staff at or before the Lei Tai Competition. All warranties of the safety or quality of the accessories are limited to those provided by the manufacturers and suppliers. By its inspections, CACMA makes no representations as to their quality, safety, or fitness for a particular purpose under Charlotte, NC law or the law of any other jurisdiction where they are used. I certify that the information provided above has been filled out accurately to the best of my knowledge.

Signature _____

Date _____