



美國國術總會  
United States Kuo Shu Federation

President:  
Grandmaster Huang, Chien-Liang

會長:  
黃乾量

## 2024 Kuo Shu Lei Tai Entry and Waiver Form

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

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

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

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

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

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

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

I, \_\_\_\_\_, wish to participate in the 2024 USKSF International Kuo Shu Championship Tournament to be held on July 12 through July 14, 2024 in Rockville, 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, 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 provide the appropriate lab report 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, 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. The 2024 Lei Tai (Full Contact Fighting) Pre-Participation Health Questionnaire and lab report must both be dated on or after May 15, 2024. I understand that without the Questionnaire and lab report, I will not be allowed to fight. I certify that, at the time of the 2024 USKSF International Kuo Shu Championship Tournament (July 12-14, 2024), 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. By signing below, I recognize that the USKSF does not warrant the safety or quality of any of the accessories used by competitors or inspected by the USKSF 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, USKSF makes no representations as to their quality, safety, or fitness for a particular purpose under Maryland 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