**Official Entry Form**  
**Stanford Taekwondo Spring Open**  
Saturday, May 28, 2005 Stanford University, Maples Pavilion  
Hosted by the Stanford University Taekwondo Program  

*Online registration also available!* [http://tkd.stanford.edu/spropen2005](http://tkd.stanford.edu/spropen2005)  
For more information call 650-482-9727 or e-mail: stanfordtkd@yahoo.com  

→ → → All registrations must be postmarked by Friday, May 20, 2005 ———

**COMPETITOR INFORMATION (PLEASE PRINT CLEARLY)**  
Last Name _____________________________ First Name______________________________  
Address ______________________________________________________________________  
City ____________________ State/Zip___________ E-mail ____________________________  
Day Phone (____)_____________________ Evening Phone (____)____________________

**CLUB INFORMATION**  
Taekwondo Club_____________________________ Instructor__________________________  
Address ______________________________________________________________________  
City ___________________________________ State/Zip_____________________________  
Phone (____)____________________________ E-mail_______________________________

Please check or fill in the appropriate spaces below.

<table>
<thead>
<tr>
<th>Poomsae</th>
<th>Kyoroogi</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male_____</td>
<td>Female_____</td>
<td>Age_____</td>
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</tbody>
</table>

**ENTRY FEE**  
Kyoroogi (Sparring) and/or Poomsae (Forms) $50 Enter Online – Only $40!  

You are responsible for understanding and abiding by the rules of the Stanford Taekwondo Spring Open (including those on athletic taping and padding), posted online at [http://tkd.stanford.edu/spropen2005/rules.html](http://tkd.stanford.edu/spropen2005/rules.html).

**SCHEDULE**  
**Friday**
1:00 pm – 9:00 pm USAT Referee Certification Seminar
5:00 pm – 9:00 pm Weigh-In

**Saturday**
7:00 am – 8:30 am Weigh-In / Competitors Match Card Pick-Up
8:30 am Referee Meeting (Main Floor)
9:00 am Opening Ceremony (Mandatory All Competitors)
9:15 am Poomsae Competition Begins
6:00 pm (Est. time) Distribution of Team Awards – Closing Ceremony

**Adult Black Belt Weight Divisions**  
<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>135.5 lbs. and below</td>
<td>105.5 lbs. and below</td>
</tr>
<tr>
<td>Friday</td>
<td>135.6 – 150.5 lbs.</td>
<td>105.6 – 120.5 lbs.</td>
</tr>
<tr>
<td>9:00 am</td>
<td>150.6 – 165.5 lbs.</td>
<td>120.6 – 135.5 lbs.</td>
</tr>
<tr>
<td>9:15 am</td>
<td>165.6 – 180.5 lbs.</td>
<td>135.6 – 150.5 lbs.</td>
</tr>
<tr>
<td>9:15 am</td>
<td>180.6 – 195.5 lbs.</td>
<td>150.6 – 165.5 lbs.</td>
</tr>
<tr>
<td>9:15 am</td>
<td>195.6 lbs. and above</td>
<td>165.6 lbs. and above</td>
</tr>
</tbody>
</table>

**APPLICATION CHECKLIST (if not registering online)**  
1. Complete all items of this entry form and sign liability waiver on back.
2. Enclose a check for entry fees payable to Stanford University Taekwondo Program.
3. Entry forms **must be postmarked by Friday May 20th, 2005.**
4. Mail to:
   Stanford University Taekwondo Program  
   Dept of Athletics  
   375 Santa Teresa St  
   Stanford CA 94305-8125
Stanford Taekwondo Spring Open
Liability Waiver, Release and Indemnification Agreement

In consideration for the privilege of participating in the Stanford Taekwondo Spring Open and in further consideration of being accepted to participate, I do hereby acknowledge that because of my participating in, traveling to, and returning from the Stanford Taekwondo Spring Open, I may suffer bodily injury or death, and loss of property, and I do hereby release, acquit, forever discharge, hold harmless, and agree to indemnify the sponsors of the Stanford Taekwondo Spring Open, The Board of Trustees of the Leland Stanford Junior University, its officers, agents and employees, the Stanford University Taekwondo Program and any other persons or organizations connected with the same of and from any and all liability, claims, demands, costs, damages, actions, causes of action, or suits of any nature or kind whatsoever that I, my heirs, parents, guardians, executors, administrators, personal representatives and assigns, may now or hereafter have or claim to have on account of or rising out of personal injuries, death, or damage to my person or property, or loss of time, loss of service, or for expenses incurred, accruing to me because of or in any way related to my training with, my traveling to, my participation in, and my returning from the Stanford Taekwondo Spring Open or through use of any and all facilities connected therewith.

__________ (Initials)

Further, I hereby grant permission in the case of injury to have an athletic trainer, doctor, EMT, paramedic, and/or otherwise trained medical personnel residing in the United States provide me with medical assistance and/or treatment. In consideration for such medical assistance or treatment, I do hereby for myself, my heirs, parents, guardians, executors, administrators, personal representatives, and assigns, release, acquit, forever discharge the Stanford Taekwondo Spring Open, The Board of Trustees of the Leland Stanford Junior University, its officers, agents and employees, the Stanford University Taekwondo Program, the instructors, their agents, representatives, officers and directors, of and from any and all liabilities, actions, claims, demands or suits whatsoever, which I may now or hereafter have or claim to have on account of any injury sustained and suffered by me in connection with said medical assistance and treatment.

__________ (Initials)

I certify that a physician has examined me and certified that I am in good physical condition and have no disease or injury that would impair my performance or physical condition in training for and participating in the Stanford Taekwondo Spring Open.

__________ (Initials)

I also certify that I am familiar with the rules and sport of Taekwondo and the nature of Taekwondo training and practice. I am aware that there is a high risk of injury or possibly death from the very nature of the activity due to the physical contact and I assume all risk relating to the participation in the activities of Taekwondo and of the Stanford Taekwondo Spring Open.

__________ (Initials)

I agree that this is compulsory and mandatory that this liability waiver, release and indemnification agreement be fully completed as a precedent to my participation, and the completed liability waiver, release and indemnification agreement is incorporated by reference as part of my registration with the Stanford Taekwondo Spring Open.

__________ (Initials)

Important! Fill out this portion completely!

Dated __________ Signature of participant ___________________________

Dated __________ Name and Signature of parent or Guardian if under 18 years of age ___________________________

Address _______________________________________________________

City ____________________________________________ Zip _______________

Phone ( ) _______________ Please write your phone number in case we need to contact you.