



# WORLD OYAMA KARATE ULTIMATE CHALLENGE KARATE CHAMPIONSHIP



The Exceptional Foundation

Saturday, April 20, 2024

## MEN KNOCKDOWN DIVISION

MIDDLE-WEIGHT (165 lb or below)

HEAVY-WEIGHT (between 170 lb and 220 lb)

ENTRY FEE: \$ 65.00 per fighter

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rank: \_\_\_\_\_

Height \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_ Weight \_\_\_\_\_ lbs. \_\_\_\_\_ Style: \_\_\_\_\_

Home Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Instructor: \_\_\_\_\_

Dojo Address: \_\_\_\_\_ Dojo Phone: \_\_\_\_\_

CASH

CHECK # \_\_\_\_\_

CREDIT CARD (Visa/Mastercard)

MAKE CHECK PAYABLE TO:  
**WORLD OYAMA KARATE**  
MAIL TO:  
**WORLD OYAMA KARATE**  
**1804 29<sup>TH</sup> Ave South**  
**Birmingham, AL 35209**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in The ULTIMATE CHALLENGE KARATE CHAMPIONSHIP, KNOCKDOWN DIVISION at The Exceptional Foundation in Birmingham, Alabama on Saturday, April 20, 2024. I hereby agree to indemnify and hold harmless World Oyama Karate, Saiko Shihan Y. Oyama, their agents or employees, and my fellow participants from and against all liability, loss, damage, cost and expense, including court and litigation costs and attorney's fees, of whatever nature or type that I may herein after suffer, incur, pay or become obligated to pay by reason of any injury sustained or incurred by me as a result of my participation in the Ultimate Challenge Knockdown Karate Championship. I hereby acknowledge that I am aware of and understand that the Ultimate Challenge Knockdown Karate Championship will necessitate me fighting with and against other combatants who will be trying to hurt me and that each fight in which I participate is potentially extremely dangerous. In fact, every fight may be harmful or injurious to my health. I further understand that I will probably be harmed or injured during this Ultimate Challenge Knockdown Karate Championship as a result of my voluntary participation in the fights. Hence, it is my wish to indemnify World Oyama Karate, Saiko Shihan Y. Oyama, their agents or employees, and my fellow participants if I am injured as a result of my participation in the Ultimate Challenge Knockdown Karate Championship. I know the risks that I am taking and voluntarily agree and consent to assume those risks.

I fully understand that any treatment given me, as a response to any possible injury, will be of the first aid type.

I consent that any reproductions of my likeness, created in any manner whatever, furnished by me, or any reproductions of my likeness that of me in connection with the Ultimate Challenge Knockdown Karate Championship can be used for publicity, promotion, television showing, or instruction, and waive any, and all compensation in regard thereto.

**My signature on this application is a knowing representation that I have fully read, understand, and agree to terms contained herein, and upon which I intend the promoters to rely.**

If under 18, this release and consent must also be signed by a parent or guardian.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**WORLD OYAMA KARATE RESERVES THE RIGHT TO REJECT OR ACCEPT ANY APPLICATION**

## MEN KNOCKDOWN DIVISION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rank: \_\_\_\_\_

Height \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_ Weight \_\_\_\_\_ lbs. \_\_\_\_\_ Style: \_\_\_\_\_

Home Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Instructor: \_\_\_\_\_

Dojo Address: \_\_\_\_\_ Dojo Phone: \_\_\_\_\_