

GREEN MOUNTAIN OPEN



SORRY NO CHECKS DAY OF EVENT

Name- _____ Male or Female ___ Age- _____

Address- _____

_____ Phone - _____

Martial Arts School/Instructor- _____

Rank- (Circle your rank)

Novice Intermediate Advanced Black Belt

Divisions (Check all divisions competing in)

Weapons- _____ Forms- _____ Sparring- _____ Position Grapple- _____

I, the undersigned, hereby release Huzon and Stacey Alexander, Green Mountain Open, Twin State Martial Arts Association, Mount Saint Joseph Academy, and all persons associated with this event in any capacity, from being sued or any liability due to injuries, etc. that may incur as a result of my attendance and/or participation at the above specified event. Furthermore, I hereby waive any compensation whatsoever for the use of pictures, movies, media coverage, etc. utilized by those associated with this event at any time.

(Signature)

(Signature of parent/guardian if under 18)

Pre-Registration- \$55
(Due 4/7/23)

Day of Event- \$65

NO CHECKS DAY OF EVENT

Make Checks Payable to: Twin State Martial Arts
5105 VT Route 100
Londonderry, VT 05148