5TH COLORDAADO STATE GRAPPLING CHAMPIONSHIPS RELEASE OF LIABILITY

I, _____, UNDERSTAND THAT BY ENTERING THIS COMPETITION, I WILL BE COMPETING AT MY OWN RISK AND NEITHER JANET ZINGANO, THE ARVADA HIGH SCHOOL, 5TH COLORDAADO STATE GRAPPLING CHAMPIONSHIPS NOR THE ROCKY MOUNTAIN BRAZILIAN JIU-JITSU FEDERATION, LLC SHALL BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURIES, DAMAGES OR DEATH SUSTAINED DURING THIS COMPETITION OR AS A RESULT THEREOF.

FURTHERMORE, IF THE COMPETITOR IS A MINOR, I ASSERT THAT I AM HIS OR HER LEGAL GUARDIAN AND I GRANT MY PERMISSION FOR HIM OR HER TO PARTICIPATE IN THE 5TH COLORDAADO STATE GRAPPLING CHAMPIONSHIPS.

ALL COMPETITORS UNDERSTAND THAT UPON ENTERING THE COMPETITION ARENA, THEIR IMAGE MAY BE RECORDED BY VARIOUS MEANS, INCLUDING BUT NOT LIMITED TO AUDIO, VIDEO, AND STILL PHOTOGRAPHY. ALL COMPETITORS RELEASE JANET ZINGANO AND THE ROCKY MOUNTAIN BRAZILIAN JIU JITSU FEDERATION, LLC FROM ANY LIABILITY ASSOCIATED WITH THE USE OF SUCH IMAGES. ALL COMPETITORS WAIVE ANY RIGHT TO THE USE OR OWNERSHIP OF SUCH IMAGES.

SKILL LEVEL VERIFICATION POLICY IN ORDER TO ENSURE THAT ALL COMPETITORS ARE TRULY QUALIFIED FOR THEIR LEVEL OF COMPETITION, THE ROCKY MOUNTAIN BRAZILIAN JIU JITSU FEDERATION REQUIRES ALL COMPETITORS TO READ AND SIGN THE FOLLOWING CERTIFICATION:

THE UNDERSIGNED CERTIFIES:

1) THAT HE/SHE IS THE RANK OF _____

2) THAT HE/SHE HAS NOT COMPETED IN PAST TOURNAMENTS AT A HIGHER DIVISION LEVEL;

3) THAT HE/SHE WILL NOT COMPETE IN FUTURE TOURNAMENTS AT A LOWER DIVISION LEVEL.

THE UNDERSIGNED AGREES THAT THE ROCKY MOUNTAIN BRAZILIAN JIU JITSU COMMITTEE MAY CONDUCT AN INVESTIGATION AS TO THE ACCURACY OF THE ABOVE CERTIFICATION, AND CAN PUBLISH THE RESULTS WITH OTHER BJJ/GRAPPLING PROMOTERS AND THE ROCKY MOUNTAIN BRAZILIAN JIU-JITSU FEDERATION IN ORDER TO VERIFY THE ACCURACY THEREOF.

ANY VIOLATION OF THE ABOVE POLICY WILL RESULT IN IMMEDIATE FORFEITURE OF REGISTRATION FEES AND DISQUALIFICATION FROM THE CURRENT TOURNAMENT, AND MAY RESULT IN DISQUALIFICATION FROM FUTURE TOURNAMENTS.

FINALLY, I ACKNOWLEDGE THAT BY AUTHORIZING THIS PAYMENT I CONSENT TO ALL THE TERMS AND CONDITIONS CONTAINED HEREIN.

PARTICIPANT
SIGNATURE_____

DATE_____

PARENT OR GUARDIAN SIGNATURE
_____

DATE_____