

**WING CHUN
INTERNATIONAL
CHI SAU
OPEN**

Wing Chun International Chi Sao Open Application Form

Amateur Full Contact NHB Wing Chun Chi Sao Competition

Name: _____ Mr/Mrs/Miss _____ Date of Birth: _____

Address: _____

Town: _____ Post Code: _____ Country: _____

Email: _____ Web Address: _____

Telephone: (Home) _____ (Work) _____

(Mobile) _____

Emergency Number: _____ Contact Name: _____

Time trained: _____ Teachers Name: _____

Branch/Lineage of Wing Chun: _____

Do you have your teacher's permission to fight? **Yes/No**

If answer is 'No' then please give reason: _____

Do you class yourself as a Junior Practitioner or Senior Practitioner of the Wing Chun?
Please circle one.

Male/Female: _____ Current Weight: _____ Weight Category entered: _____

You must have valid Insurance to cover you for this event

Please confirm:

Insurance Company Name and Address:

Start Date of Policy: _____ End Date of Policy: _____

I confirm that I have Checked my policy covers this event: **Yes / No**

I confirm that I have no infections Blood or Skin diseases such as HIV/ Aids, Hepatitis **Yes/ No**

I enclosed the entry Fee of £25 this includes the entry fee for the SENI Event for that day.

I understand the event may be filmed and footage may be used by the event. **Yes / No**

Please make payable to 'Alan Orr Productions Ltd'

Please confirm you have read and understand the rules and conditions of the event and have also signed the waiver release from personal injury form. **Yes / No**

By signing this application, I agree to all terms and conditions of this event.

Signature: _____ Date: _____

Please note that rules made be amended or changed at any time before the event.

Please send application forms and fees to:

**Alan Orr Productions Ltd.
Clifford House,
7-9 Clifford Street,
York
YO1 9RA**

Email: infor@alanorr.co.uk Web: www.alanorr.com

Wing Chun International Chi Sao Open

INDEMNITY AGREEMENT

Wing Chun International Chi Sao Open (“the competition /event”) needs to ensure that all persons who engage in Martial Arts and all associated or related activities and training wheresoever performed (collectively “Martial Arts”);

- (a) fully understand that Martial Arts Competition is a potentially dangerous and hazardous activity and involves physical contact;
- (b) are medically and physically fit to engage in Martial Arts Competition;
- (c) have read, understood and agree to abide by the Rules of the Competition/Event, attached hereto.

CONSENT DISCLAIMER AND INDEMNITY

The undersigned HEREBY ACKNOWLEDGES AND UNDERTAKES THAT: -

1. He / she fully understands and accepts that Martial Arts Competition is a potentially dangerous and hazardous activity and involves physical contact.
2. He / she has read understood and agrees to abide by the Rules and Code of Competition attached hereto.
3. He / she assumes and accepts full risk and responsibility for any damage, loss, or injury which may arise or occur to the undersigned in relation to or from Martial Arts Competition undertaken with or at the competition/ event or under its supervision.
4. No instructor, employee, agent, servant or such like of the Wing Chun International Chi Sao Open shall be liable to the undersigned for any damage, loss, injury or suffering which may arise or occur to the undersigned in relation to or from Martial Arts Competition undertaken with or at the competition / event or under its supervision.
5. The Wing Chun International Chi Sao Open is not responsible for any damage, injury or loss caused by the acts or omissions of any official, member, student or visitor.
6. The Wing Chun International Chi Sao Open is not responsible for any articles brought onto any premises used by the Wing Chun International Chi Sao Open by any official, member, student or visitor.
7. Company name of the Wing Chun International Chi Sao Open is ‘Alan Orr Productions Ltd’ therefore No promoter, instructor, employee, agent, servant or such like shall be liable to the undersigned for any damage, loss, injury or suffering which may arise or occur to the undersigned in relation to or from Martial Arts Competition undertaken with or at the competition / event or under its supervision from this company at all.

DECLARATION OF FITNESS

The undersigned declares that he / she is medically and physically fit to undertake Martial Arts Competition and that he / she has had a physical examination and has received permission from his / her Doctor to engage in Martial Arts Competition/ Event.

Print Name: _____ Signed Name: _____

Date: _____

Promoter Mr Alan Orr

All competitors should be at the venue way before 9.30am for the weigh in. Competitors should bring a form of picture ID (driving license or passport) in order to collect your pass and in order for you to compete.

All teachers, coaches, friends and family of competitors will be required to purchase a ticket from the SENI show upon entry. www.seni.tv

No registrations will be taken the on the day and places are limited so once the places have been allocated no more applications will be accepted.

Upon Registration Check day (Sat 26th April):

The athletes must make sure that their information is correct by checking upon registration.

Athletes have completed and signed their waiver form.

Before each fight, athletes will be asked to show their ID to the officials. Make sure you have it at hand.

Depending on the number of athletes in the tournament, some weight classes may not run.

Weigh In

Weight In will be at 9.30 am. Please make sure that you are in the correct weight division. If you do not make your designated division you may not be able to fight in the next division. No refund will be given if you cannot compete due to not making the correct weight applied for. No refund will be made if you do not turn up for the event.

Official sponsors for the event. www.pagoda-imports.com



Keep up to date on the event at www.alanorr.com