

**Adult/Executive Gi**



Actual Weight
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**Please PRINT Neatly. We MUST be able to READ your writing:**

Name:

Team:

Belt: White - Blue - Purple - Brown/Black

DOB: Age:

Address:

Phone: Email:

T-Shirt: Paid:

Waiver: I am registering myself/my child in a Jiu Jitsu tournament hosted by The Good Fight. I understand this type of competition is a contact sport that may result in temporary, permanent or serious physical injury; including but not limited to: sprains, fractures, brain or spinal damage, paralysis or even death. As a competitor and/or parent I recognize these types of injuries and harms mentioned can arise from a large spectrum of causes in regard to this sport. With knowledge of the above risks I release all rights and claims against The Good Fight, it's employees, volunteers, owner and staff.

Signature:

Date:

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