

Form	Name:	Age:	Sex:	School:
Breaking	Name:	Age:	Sex:	School:
Team Form	Name:	Age:	Sex:	School:
Weapon	Name:	Age:	Sex:	School:
Sparring	Name:	Age:	Sex:	School:
Sword Sparring	Name:	Age:	Sex:	School:
Musical	Name:	Age:	Sex:	School:
Form/ Weapon				

2026 NTI FALL Championship Registration Form(Please Print)

Name:..... Age:..... Sex:..... Rank:.....Tel:.....
Address:..... City:..... State:.....Zip:.....
Martial Arts School:.....Instructor:.....School's Tel#:.....
Martial Arts School's Address:.....City:.....State:.....Zip:.....
E-Mail:.....

Release of all Claims and Assumption of liability

I intend to be legally bound for myself, my heirs, executors and all my administrators waive, release and forever discharge any and all claims for damages which may have or hereafter occur to me against the National Taekwondo Inst.'s "2026 NTI FALL Championship" committee or their respective officers, agent representatives, successors and or assigned for any and all damages which may be sustained and suffered by me in connection with my association with, or which arise out of my participation in this athletic meet. This release is made for the event being held on 24th day of OCT, in the year 2026, at OWATONNA MIDDLE SCHOOL , in Owatonna mn.

Name:(please print)".....Sign:.....

Name of Parent/Guardian:.....Sign:.....Date:.....

Please send Registration Form & check to:

Tournament HQ: 212 W. Bridge St.
Owatonna/ Mn/55060
(507)456-0550

