

World Sports & Martial Arts  
 224 Boardman-Canfield Rd  
 Boardman, OH 44512 USA  
 330-965-9000  
[www.WorldSMX.com](http://www.WorldSMX.com)

# World Sports & Martial Arts

World Peace, Discipline, Respect, Grace, Courtesy...  
**MISS. MARTIAL ARTS / MR. MARTIAL ARTS...**



Received \$ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 By \_\_\_\_\_

## Official Application Over 500 divisions

Contestant,  Donation,  Sponsorship,  Volunteer,  Membership:  Individual /  Group /  Business

(register for each event, Team must write Team name and individual Name per member)

**Must Register Online- Video upload- Maximum 2 minutes(No more than 2 min.)** (USA residents may register by mail with this form)

Entering Event \_\_\_\_\_ (Team must write Team name  Division# \_\_\_\_\_ (See Div. Chart) Age \_\_\_\_\_  M /  F

■ **Check List:**  Application,  CD/DVD (performing),  ID Photos,  Describe yourself, (Optional:  Sponsors List,  Recommendation)  
 Group must write all the members' name, date of birth, and other information.

**Contestant** Representing:  Town,  City,  County,  Region,  Country: \_\_\_\_\_ WSMX Membership No: \_\_\_\_\_

(please attach 2 current non-retunable photos with name on the back). Your local News papers: Name and website: \_\_\_\_\_

■ **Name** \_\_\_\_\_  M /  F, Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Email \_\_\_\_\_  
 Martial Arts Style \_\_\_\_\_ Rank \_\_\_\_\_ How long: \_\_\_\_ Year \_\_\_\_ Month, Describe \_\_\_\_\_  
 Employed by \_\_\_\_\_ Present position \_\_\_\_\_ Work phone \_\_\_\_\_ Website \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

■ **Parents / Guardian or Student** Ages under 18, must be registered by parent's(signature and payment) Relation \_\_\_\_\_

Name \_\_\_\_\_  M /  F, Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Email \_\_\_\_\_

■ **Academic School** \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Website \_\_\_\_\_  
 Teacher \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

■ **Martial Arts School/Organization:** \_\_\_\_\_ phone \_\_\_\_\_ WSMX Membership No: \_\_\_\_\_  
 Does not require Black Belt or Competition State residency. You may visit WSMX website: [www.worldSMX.com](http://www.worldSMX.com) for a listing of Martial Arts Schools.  
 The WSMX listing of a school is not an endorsement of the training or the facility. Contestants' own decision and risk for training.

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Website \_\_\_\_\_  
 Instructor \_\_\_\_\_ Rank \_\_\_\_\_ Style \_\_\_\_\_ phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Business,  Sponsorship,  Donation: Please fill out information at any fields and write information.

Registration Fee	<input type="checkbox"/> Individual \$60	Team /Group (per person): <input type="checkbox"/> 5 & more \$30/each person, <input type="checkbox"/> 10 & more \$20/each person X ____	\$	Grand Total
Membership Fee	<input type="checkbox"/> Individual: \$25/year, \$1,000 /Lifetime	<input type="checkbox"/> Group, Organization, Business / each location: \$49/year	\$	
T-Shirts	\$19+S&H \$9.95(US continent) & Vary	How many: <input type="checkbox"/> xs __, <input type="checkbox"/> s __, <input type="checkbox"/> m __, <input type="checkbox"/> L __, <input type="checkbox"/> xL __, <input type="checkbox"/> xxL __(\$25), <input type="checkbox"/> xxxL __(\$25)	\$	
<input type="checkbox"/> Donation: amount \$ _____	information _____		\$	\$
<input type="checkbox"/> Sponsorship: amount \$ _____	information _____		\$	
<input type="checkbox"/> Cash, (USA and CANADA only this payment method) <input type="checkbox"/> Bank Certified Check, <input type="checkbox"/> Money Order only. No personal checks or company checks. Payable to WSMX. <input type="checkbox"/> Visa, <input type="checkbox"/> Master Card, <input type="checkbox"/> Discover Acct. No: _____ Exp ____/____/____ Security Code(back of the Card): _____ Card Billing Address: _____ City _____ ST _____ ZIP _____ Name on the Card _____ Signature: _____ Total Amount: \$ _____ No Refund at any reason.				

### Liability Waiver, Terms and Condition

I understand WSMX is not directly or indirectly running this event unless indicating WSMX's direct operation location event. Therefore each location director is fully responsible for the event and must indicate and describe in written closure which each location director and organization is fully responsible for the event and WSMX is not responsible any and all accident and mishap. Each event director must uphold high standard in all aspect. If any individual, any organization, and director(manager/responsible person(s)) damage any image, reputation, and/or any of WSMX, individual, organization and/or director will be responsible to recover any and all the damages including any and all legal fees but not limited to the WSMX. I understand and agree to waive all claims and assume all risk of personal injury (including permanent disability, paralysis and death) occurring or sustained by me while traveling to, attending, or participating in the event or related activities or programs. I (including group/organization hereafter) may sustain and assume all responsibility for wellbeing of myself, my heirs, personal representatives and assigns. I (We) will carry my(our) own personal or group liability insurance to cover and protect myself(ourselves) and WSMX. I release WSMX, WSMA, ISMA, USMAC, MPMA, organization, school(WSMX), any of its instructors, supervisors, assistants, volunteers, judges, officers, agents, successors or assigns associated with WSMX: and save harmless and indemnify WSMX from all losses caused by accident, injuries or deaths to the enrollee or to the third person who maybe contestants of the WSMX or program. In the event that either the contestants or said third person is injured in any way during the performance and execution of said event. Contestants consult your physicians before attending the event. I understand that this agreement is not transferable. I understand WSMX is not responsible any of my(our) program/event which is directed by me(us) and I will not claim my event is directed by WSMX and WSMX is not responsible any of your loss, your group or participants whatsoever. I will announce the safety rules and regulations to the participants before the event. I will not claim any refund or compensation unattended events or programs any related with this program at any reason at any time. I read and understand entirely the rules and regulations of the event. I will abide by said rules and regulations. If I violate these rules and regulations, I will be rejected or expelled without any refund, payment or compensation. I understand that if I violate it I will pay all the fees, losses, damages, legal fees and legal costs but not limited to the WSMX and WSMX related businesses and individuals. I understand that WSMX may use any of my and my family's photos, videos pictures, voice and written documents once I have participated in the events and/or programs. I agree to waive all claim any compensation for any images of me to include pictures, videos, other media used in publicity or advertising of documents that are held in conjunction with WSMX event to include but not limited to training, exhibitions, and/or other programs. I understand any submitted material, papers and/or information to WSMX will not be returned. I acknowledge that I have read and understand this agreement, liability waiver, rules and regulations entirely and completely.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature Date (Please Print) - Name  
 X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature Date Parent/Guardian's (if Minor)