

2024 US Challenge
Simplified 24 Celebration
Registration Deadline and Postmark by June 30, 2024

Last Name: _____

First Name: _____

Email: _____

Cell phone: _____

Year of Birth: _____ Male _____ Female _____

School/Club Name: _____

City, State, Country: _____

T Shirt Adult Size: Small _____ Medium__ Large__ X Large_____

T-Shirt Youth Size: Small _____ Medium__ Large__

United States Challenge Event Liability Waiver

I, knowingly and voluntarily, submit my registration to the 2024 United States Challenge Championship. I am fully aware of my personal health and any medical conditions that I have and, hereby, certify that I am physically and mentally capable of participating in the events that I have registered for I agree to comply with all the rules of the events. I am fully responsible for my actions and will assume all risks associated and/or resulting from participation at this event. To complete my registration, I, hereby, release the organizers and their affiliates (including officers, agents, representatives, employees, volunteers, etc.) from any liability due to any injuries incurred before, during, and / or after the event. Further, I will hold harmless and will waive my rights to file any legal claims, class actions, suits, or controversies against the organizers and their affiliates, specifically: United States Wushu Academy, Center for Cultural Exchange, United States Health Qigong Association, Tiger Claw, World Swordsmen Federation, and Washington Education Zone. In agreeing to the event terms and conditions, I am also waiving my rights to have any personal representatives file liability and/or legal claims against the organizers and their affiliates.

In addition, I, hereby, waive any claims to compensation for the use of videos, photographs, media coverage (including social media), interviews, personal statements, etc. that may have been obtained by the organizers during the event or previous related events.

Note: If the participant is under the age of 18, the accompanying personal representative also agrees to the terms and conditions of this event in conjunction with the participant’s agreement.

Event Refunds

As the participant and/or the participant’s personal representative, I understand that there are NO REFUNDS issued for this event if the participant misses any events. Event refunds will only be issued if the organizers cancel the event.

Terms and Conditions

I have read and accept the Liability Waiver and Refund Terms.

Participant Print Name and Signature (Required) Date

Parent/Guardian for under 18 years old participants, Print name and Signature (Required) Date

Simplified 24 if not competing \$15 _____ -

Simplified 24 if competing in another event \$0 _____ -

Please send signed registration form and check payable to

“United States Wushu Academy”
1136 West Broad Street, Falls Church, VA 22046

Phone 703-698-8182
Email: uswa.staff@gmail.com