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| 2. RESIDENCE : | | | | | | | | | | | | | | | | | | |
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| 9. INSTRUCTOR N | IAME | : [| | | | | | | | | | | | | | | | |
| 10. KARATE STYLE | NAM | E: [| | | | | | | | | | | | | | | | |
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Tournament Organising Division,

Mumbai Open Karate-do Championship, 2025, Indian Martial-arts Academy (IMA), Mumbai.

Respected Sir,

I, the undersigned assure that the information filled by me in this participation form is true and valid to the best of my knowledge, I have read the mentioned rules, regulations and requirements of the **Mumbai Open Karate-do Championship**, 2025 and have duly noted the contents of this circular, I agree to abide by the same and I fully understand that My, or My Son(s)/Daughter(s)/Ward(s)/Student(s), participation in this Championship, will entail in a strenuous physical activity, which may lead to contingent. I shall not hold, assistant instructors, organizers, school authorities, Trustees, Principals or Teachers legally liable for any unforeseen incident, event, loss, injury, during or after my or my sons/daughters/wards participation in this **Mumbai Open Karate-do Championship**, 2025.

I fully understand that my or my Sons/Daughters/Wards/Students participation in this Championship is provisional and subject to conditions. I agree that organizers hold all the rights for acceptance or rejection of participation forms. I shall not claim for any refunds whatsoever if my or my Son(s)/Daughter(s)/Ward(s)/Student(s) participation in the **Mumbai Open Karate-do Championship, 2025** is rejected or disqualified.

Thanking you,

| Parent's Sign. | Participant's Sign. | Instructor's Sign. | | | | |
|---|--|-------------------------------|--|--|--|--|
| (if below 18 year's) | | | | | | |
| IMA Admn. Office : 201, Sai Para | g Enclave CHSL, Shirdi Nagar, Bhayander (E), Dis | strict Thane - 401 105. INDIA | | | | |
| Mobile: (+91) 98921 52197 / 88058 52197 • E-mail: <u>mumbaiopenkaratedo@gmail.com</u> | | | | | | |
| More details about Cham | pionship log our official website: www.mumba | aiopenkarate-do.com | | | | |