



INTERNATIONAL BUDOKAN SHOTOKAN KARATE PRESENTS

2024 UTAH STATE CHAMPIONSHIP

WKF Rules of Competition / USA Karate, PKF, & WKF Referees



JUNE **08**
2024

NORTHWEST RECREATION CENTER

1255 West Clark Ave. Salt Lake City, UT 84116

8 AM – 6 PM



REGISTER ONLINE

tournamentinabox.com



CONTACT

Shihan Amadou Niang

801-450-6172

niangam2@yahoo.com

Feb 17, 2024



Dear Officials, Instructors, Coaches, Athletes, and Parents:

I am pleased to announce the 2024 Utah State Championship scheduled to take place on Saturday, June 8th, 2024 in Salt Lake City, Utah. The tournament will be held at the majestic Northwest Recreation Center (1255 West Clark Ave SLC, UT 84116) only 10 minutes away from Salt Lake City International Airport and 5 minutes from Downtown Salt Lake.

I will be honored to have your support in making this event the highest quality WKF open karate tournament it has ever been. Your participation will mean a lot to me, my family, and my students.

Register online at: www.TournamentInABox.com

The tournament will begin at 9:00 am. Registration remains open until June 6th.

I look forward to seeing you on June 8th.



Amadou Niang, Tournament Director

IMA BUDOKAN

TEL: 801 450 6172

EMAIL: niangam2@yahoo.com



2024 Utah State Championship

Saturday, June 8th 2024

Northwest Recreation Center
1255 West Clark Ave, SLC, UT 84116

Please make payment via
Venmo @Amadou-Niang, Zelle at 801-450-6172,
or by check payable to Amadou Niang and mailed to:
9926 Weybridge Cir, Sandy, UT 84092

You may also sign up online at: TournamentInABox.com
(Choose 2024 Utah State Championship)

Pre-registration deadline June 6, 2024
There is no refund.

Sign in Starts 8:00 AM. Competition starts at 9:00 AM.

Div.# _____ Ind. Kata _____ 1 Events \$80
Div.# _____ Ind. Kumite _____ 2 Events \$85
Div.# _____ Teams _____ \$40 per team member
First Name _____ Last Name _____
Age _____ Sex: M ___ F ___ Date of Birth _____ Weight _____ lbs/kg
Address _____
City/State _____ Zip Code _____
Telephone # _____ E-mail _____
Years of Training _____ Karate Rank _____ Style _____
Instructor's Name _____
Dojo's Name _____

ADULT & MINOR AMATEUR ATHLETIC WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in our championship in Utah and related events and activities, the undersigned:

1. Agrees that prior to participating the athlete and/or Parent or Guardian (if under 18), will inspect the facilities and equipment to be used, and if the participant and/or parent or guardian, believes anything is unsafe, they will immediately advise the supervisor of the Championship or other tournament officials of each condition and refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their action, inaction or negligence, but the actions, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, the participant, and/or parent or guardian acknowledges that there may be other risks not known or not reasonably foreseeable at this time. The participant and/or parent or guardian assumes all the forgoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.
3. Releases, waives, discharges and covenants not to sue the IMA Budokan, International Martial Arts Association, Mr. Amadou Niang, the USA-NKF, its officers, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.
4. I fully understand that any medical treatment given will be of a first aid treatment type only. I consent that any pictures furnished by me or any pictures taken of me in connection with the tournament can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto. All participation in any event in this tournament is by permission only. The Director or his authorized agent(s) reserve the right to refuse entry to any person, school, team or club. The undersigned has read the above waiver and release, understand that s/he has given up substantial rights by signing it and sign it voluntarily.

Signature of Contestant

(If under 18 Signature of parent/guardian)

Date



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Team Participation Application

Div. # _____ Kata _____ 1 Event \$40 per member

Div.# _____ Kumite _____ 1 Event \$40 per member

Team Name _____

Last Name _____ Age _____ Sex: M ___ F ___

Last Name _____ Age _____ Sex: M ___ F ___

Last Name _____ Age _____ Sex: M ___ F ___

Last Name _____ Age _____ Sex: M ___ F ___

Instructor's Name _____ Dojo's Name _____

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