



Red Dirt Ruckus Registration Form

Full Name _____ Telephone _____

Street Address _____

City, State, Zip _____

School/Grade _____ Shirt Size _____

E-Mail Address _____

Predominant Hand: R / L Birth date: _____

Do you have any medical condition(s) we should know about? Y N

Have you ever done any stage combat, historical weapons, martial arts, or fencing training before? Y / N What: _____

Anything else we should know? Add your comments to the Back of this page.

WAIVER OF LIABILITY

UPON ENTERING CLASSES AND EVENTS SPONSORED BY OKLAHOMA CITY UNIVERSITY AND THE SCHOOL OF STAGE COMBAT, I AGREE TO ABIDE BY THE RULES OF THE SCHOOLS. I UNDERSTAND AND APPRECIATE THAT PARTICIPATION IN ANY SPORT, INCLUDING STAGE COMBAT AND STUNTS, CARRIES A RISK TO ME OF SERIOUS INJURY, INCLUDING, BUT NOT LIMITED TO, PERMANENT PARALYSIS OR DEATH. I VOLUNTARILY AND KNOWINGLY RECOGNIZE, ACCEPT, AND ASSUME THIS RISK AND RELEASE OKLAHOMA CITY UNIVERSITY AND THE SCHOOL OF STAGE COMBAT, THEIR SPONSORS, EVENT ORGANIZERS, EVENT OFFICIALS, AND PROPERTY OWNERS AND OFFICERS FROM ANY LIABILITY.

Signature

Date Signed