



2010 Capital Tournament of Champions

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|--|---|---------------------------------------|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Open Men Bodybuilding | <input type="checkbox"/> Masters Men Bodybuilding | <input type="checkbox"/> Figure Short | <input type="checkbox"/> Fitness Short | <input type="checkbox"/> Bikini Short | <input type="checkbox"/> Model Female |
| <input type="checkbox"/> Open Women Bodybuilding | <input type="checkbox"/> Masters Women Bodybuilding | <input type="checkbox"/> Figure Tall | <input type="checkbox"/> Fitness Tall | <input type="checkbox"/> Bikini Tall | <input type="checkbox"/> Model Male |
| | | <input type="checkbox"/> Classic | | | |

PERSONAL INFORMATION (Please Print Only)

Full Legal Name: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (cell) _____ (home)

Age: _____ Birth Date: / / Height: _____ Weight: _____

EMAIL: _____

Team (or) Sponsor: _____

Occupation: _____

Competition Experience: _____

Special Interest: _____

exploit any and all such reproductions containing my voice and/or appearance in any and all media, including without limitation, by means of still photography, motion pictures, video, printing or any other media now known or hereafter devised, including also with respect to merchandising, advertising and/or publicity, and the right to use my name and information about me in any connection with the foregoing. The rights granted by me hereunder are granted for the entire universe and shall endure in perpetuity, and no further compensation shall be payable to me at any time in connection therewith. Nothing contained herein shall be deemed to obligate you, Yohnnex Sports, Inc., Fitness Universe, Inc. and American Sports Network, Inc., approved video or entertainment organizations, to photography or otherwise reproduce my voice, appearance or name, or to make use of any of the rights granted herein. These rights may be assigned by American Sports Network, Inc., at their sole and complete discretion. I understand that you, Yohnnex Sports, Inc., Fitness Universe, Inc. and American Sports Network, Inc., approved video or entertainment organizations are videotaping and photographing the event in express reliance upon the foregoing, and I represent and agree that I am free to grant the rights granted to you, American Sports Network, Inc., and any and all approved video entertainment organizations hereunder.

ACCIDENT WAIVER ANAD RELEASE OF LIABILITY FORM I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, Yohnnex Sports, Inc., Fitness Universe, Inc., American Sports Network, Inc., and their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illness during this event. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. And, in further consideration of permission being granted to me to participate in the Fitness America Pageant and/or Ms. Bikini America and/or Figure America regional event and their related events (the "Event"), receipt of which benefit is hereby acknowledge, I hereby grant you, Yohnnex Sports, Inc., Fitness Universe, Inc., American Sports Network, Inc., and any and all Yohnnex Sports, Inc., Fitness Universe, Inc. and American Sports Network, Inc., approved video or entertainment organizations, and all of their agents, successors, licenses and assigns, the right to photograph or otherwise reproduce (whether by film, tape, still photography or otherwise) my voice, appearance and name, and to exhibit, distribute, transmit, and/or

Checklist

- Completed Entry Form
- \$100 Entry Fee / \$25 Cross-Over Fee
- Late Fee \$25 after April 17, 2010 (NO REFUNDS, EXCHANGES or TRANSFERS)
- \$25 Annual Membership (unless already paid)

Send To

Yohnnex Sports Inc.
7509 Allentown Road
Ft. Washington, MD 20744

yohnnex@erols.com / (301) 248-8888

I hereby certify that I have read this document, understand and agree to comply with the contents.

Print Name

Signature

Date