



MEDICAL RULES



Appendices

Appendix 1. Liability waiver



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

WAKO LIABILITY WAIVER

Event: _____

Please read the below information carefully, complete the requested information, date and sign under your name.

This form must be completed and returned to a Weight Control official when registering.

Name: _____ SportsID: _____

DOB: _____ Country : _____ E mail Address: _____

Weight Class: _____ kg Style: _____

LIABILITY WAIVER:

I, the undersigned hereby confirm and agree to the following:

- I have adequate Medical insurance to cover my participation during this event;
- I, the undersigned, do hereby declared that I am currently and prior to leaving my country was in good physical condition and I had not suffered from any injury, infection or disability label to affect my capacity to compete in the current WAKO event;
- I release the event promoter, WAKO, WAKO's officers, the WAKO organising committee, the WAKO (IF) Board, WAKO members and WAKO Continental Board its servants/agents, volunteer committee and referees from any claims and any loss, damage sustained while participating in the above mention event;
- **I understand and I am fully aware that I am participating in a contact sport and may in the normal course of events sustain an injury while competing;**
- Therefore, I assume full responsibility for all of my actions during and connected with this event I also agree that my attendance and or performance may be photographed, filmed or taped and used by WAKO, event promoter and/or their respective authorized agents. I waive any compensation thereof.

I hereby undertake and agree to abide all WAKO Rules and Regulations including WADA / WAKO Anti Doping rules and agrees to be tested if requested to do so. I will treat my fellow competitors, officials and referees with, Respect, Integrity, Fair Play and Honour.

I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

I declare to have read and understood the content of this document.

Place and Date: _____ Signature: _____

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