



MEDICAL RULES



Appendix 7. Non-pregnancy declaration



**WORLD ASSOCIATION
OF KICKBOXING ORGANIZATIONS**

NON-PREGNANCY DECLARATION for FEMALE KICKBOXERS

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 Medical Control official when registering.

Name: _____ SportsID: _____

DOB: _____ Country: _____ E mail address: _____

Weight Class: _____ kg Style: _____

I declare that I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against WAKO (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

I officially declare that I am fully responsible legally for the statement given above. 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.

_____ Date (dd/mm/yy)

_____ Kickboxer's Signature

WAKO HQ: Via Alessandro Manzoni, 18 - 20900 Monza (MB) Italy
E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>

