

WAKO LIABILITY WAIVER

 $Event:\ WAKO\ European\ Championships\ \ for\ Seniors\ (LC,\ PF,\ KLC,\ MF)$

Please read the below information carefully, complete the requested information, date and sign under your n
This form must be completed and returned to a Weight Control/Height Control official when registering.
Name: DOB: Country: Email Address: Weight Class: 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 herby 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 WAKO European Championships in Maribor (Slovenia), which is held from 15th to 22nd November 2014. I release the event promoter, WAKO, WAKO's officers, the WAKO organizing 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 agree to be tested if requested to do so. I will treat my fellow competitors, officials and referees with, Respect, Integrity, Fair Play and Honor.
I declare to have read and understood the content of this document.
Place: Date: Athlete Signature:







