



WAKO LIABILITY WAIVER

Via A. Manzoni 18,
20052 Monza (Milan), Italy

Event: WAKO World Championships for Cadets & Juniors in Rimini (Italy), from 6th to 14th September 2014

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

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

Name: _____ DOB: _____ Country : _____
(Mandatory)
E mail 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 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 WAKO World Championships for Cadets & Juniors in Rimini (Italy), which is held from 6th to 14th September 2014.
- 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 declare to have read and understood the content of this document.

Place: _____

Date: _____

Athlete Signature: _____
Parents or legal guardian Signature*

*** Parents or legal guardian signature is mandatory for athletes under age of 18th.**

