



Waiver of Liability Form "NF/Team Representative"

Assumption of the Risk and Waiver of Liability relating to the Participation at WKF Events & Compliance to the WKF Organizing Rules, WKF Covid Protocol & Local Health Measures & Laws

I hereby acknowledge, in my own name and on behalf of each of the individuals included in the attached "Delegation/Team List", that Karate is a contact sport which carries inherent risks and that the World Karate Federation has put in place preventative measures and rules to reduce the likelihood of physical harm, however, it cannot be guaranteed that I will not be injured.

Consequently, I hereby declare, under my own and exclusive responsibility and that of the individuals listed in the attached "Delegation/Team List", and for our own safety and of those participating in the Event, that:

- We comply with all the requirements for participating at the Event, not pertaining to any health risk group, nor do we live with anyone who pertains to a health risk group, or, if so, we participate in the Event under our own and exclusive responsibility.
- I read, understood, and agree to comply with the WKF Organizing Rules, WKF Competition Rules, WKF Covid Protocol, WKF Anti-Doping Rules (including but not limited to cooperating with athlete testing program & consequences of positive tests), and Local Laws. Furthermore, I understand and agree to comply without question that the incompliance of any rule may lead to the removal of my official accreditation for the event.
- We voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to ourselves (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that any of us may experience or incur in connection with our attendance at the WKF Events. In particular, we hereby undertake to voluntarily assume and respect any measures that the WKF, the Event Organizers and/or the health or other competent authorities may impose or require from any of us in case of any personal infection or that of third parties when attending the Event, including any movement restrictions, isolation or lockdown.
- On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the event organizers, its employees, agents, and representatives, of and from any claims, including all liabilities, actions, damages, costs, or expenses of any kind arising out of or relating thereto.
- I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the WKF Events organizers, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending the WKF event.
- I confirm that I have liability and personal accident insurance coverage that if requested, I must present the policy and failure to do so will lead to my participate at the event.
- I authorize the WKF to take and use imagines (photos, video) and my name as a competitor or registered participant for sport activities & publications of karate related to this event as well as other events and competitions where the WKF is interested.

As the **representative** (National Federation, Head Coach, Team Manager etc.) of my attached **Delegation/Team**, I hereby declare that I assume and accept responsibility for the compliance of the previously mentioned norms by all the members of my Delegation/Team and accompanying **required forms for participants**.

_____	_____	_____
WKF Event / City	NF or Team / Country	Passport #
_____	_____	_____
First name, Last name	Date (DD/MM/YYYY)	Signature

DATA PROTECTION INFORMATION

Controller: Federación Mundial de Karate / G88288279 / C/ Princesa 25, 3ª1, 28008 Madrid / wkf@wkf.net/ +34915359632 | **DPO:** dpo@wkf.net | **Purpose:** make the participant aware of the possible risks involved in taking part in the specified competition | **Rights:** Access, rectification, erasure and portability of your data, object and restriction by sending email to dpo@wkf.net| **Additional information:** You can consult additional and detailed information about our privacy policy at www.wkf.net or by writing to dpo@wkf.net.



By signing this document, you acknowledge that you have read and understood the information on data protection.

Delegation/Team List

NF/Club: Country

Hotel:

#	Firstname	Lastname	Passport #
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Submit at Onsite Registration
 Page 1 (Delegation Representative), Page 2 (Delegation List) and Waiver or Parental Consent for each member of your delegation.

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