

WAIVER/RELEASE AGREEMENT FOR CONTESTANTS / PARTICIPANTS

All participants must complete.

"Event" means the May 16-18, 2014 IKD Canada National Tournament

The undersigned is aware that there are risks and dangers inherent in participating and receiving instruction at the Event. In consideration of being permitted to participate in the Event, I hereby release and waive any claims against the Budo IKD Manitoba, the International Karate Daigaku and any and all clubs, schools, instructors, members, judges, officials, officers, directors and representatives relating thereto (collectively the "Releasees") for any injury or damage which I may suffer while participating and/or receiving instruction at the Event including travel to and from the Event.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions, those causes of action that I may have or have had, whether past, present or future, whether now known or unknown and whether anticipated or unanticipated by me, arising out of my participation at the Event. This Release shall be binding upon me, my heirs, successors, administrators, assigns and legal representatives.

I assume full responsibility for any and all risk of death or personal injury or property damage, which I may suffer while participating in the Event. I expressly acknowledge and assume any and all risk that my participation in the Event may subject me to personal injury to bodily harm.

I confirm that I have no past or present medical condition, injury or other physical or mental restriction which may cause or contribute to personal injury or property damage while participating in the Event and if in case I have such a condition, I agree to forthwith nullify the Releasees, as the case may be, and withdraw from the Event.

I further agree by signing this Release, I shall indemnify and hold any of the Releasees harmless from any and all liability or costs, including legal fees, associated with or arising from my participation at the Event.

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded as audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and that photographic or video recordings of me may be electronically displayed via the Internet or in a public setting for the purposes of promoting karate. I waive the right to inspect or approve the finished product wherein my likeness appears.

I understand that if I am signing this Release on behalf of a minor child, I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release and that I understand the words and language in it. I sign this Release freely and voluntarily.

NAME (PRINT)

DATE

SIGNATURE

WITNESS

Parent/Guardian Release:

I am the parent or legal guardian of the minor _____ and I am signing this waiver/release on behalf of the said minor.

NAME OF PARENT OR GUARDIAN (PRINT)

DATE

SIGNATURE

CONTESTANT'S / PARTICIPANT'S MEDICAL QUESTIONNAIRE

All contestants are required to submit a completed medical form with their registration

Name: _____ Age _____ Gender _____ Rank ____

Address: _____

Club: _____ Province: _____

Do you have a history of any of the following conditions?
Please check all that apply to you. If you answer yes to any, please explain:

Yes	No	
_____	_____	Heart murmur _____
_____	_____	Hypertension _____
_____	_____	Recent infection _____
_____	_____	Bone fracture in the past six months _____
_____	_____	Concussion or severe head injury in the past six months _____
_____	_____	Seizures _____
_____	_____	Eye injury _____
_____	_____	Severe bone bruises requiring padding _____
_____	_____	Kidney injury _____
_____	_____	Allergy to medication (list all): _____
_____	_____	Other: _____

Signature of Contestant (Parent or Guardian if under 18 years of age)

Date _____

Every contestant must complete and return a medical questionnaire and Waiver & Release Agreement

**** Bring your provincial medical number or card with you to the tournament.**