



Česká federace wushu/Czech wushu federation
Hroznová 4030, Mělník
www.czechwushu.cz

WAIVER OF LIABILITIES

Event:	Date of event:	Place of event:

Name of school/gym:	
Name of Participant:	
Name of Parent/Legal Guardian (if applicable):	
Date of Birth:	
Age:	
Nationality	
Gender	
Passport No.:	
Role of Participants: <input type="checkbox"/> Athlete <input type="checkbox"/> Team Manager <input type="checkbox"/> Coach <input type="checkbox"/> Doctor <input type="checkbox"/> Observer	

I, the undersigned, knowingly and without duress, do voluntarily submit my Entry to Event. This Event is organized **in cooperation with and under the auspices of the Czech Wushu Federation (CWF)** and organized by a member of the Czech Wushu Federation. In consideration of the CWF and organizer accepting my application, I hereby assume all risk of physical and mental injuries, disabilities and losses, which may result from or in connection with my participation in the Event. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the CWF and organizer, its officers, agents, representatives, volunteers, judges and referees and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause or thing whatsoever that I may sustain as a result of or in connection with my participation in the Event. I fully understand that all medical attention or treatment afforded to me by the CWF and organizer, its officers, medical personnel, representatives, volunteers, and all other related members will be of the first aid type only, and hereby release the CWF and organizer its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain my own medical coverage.

I agree to abide by and follow the Rules established by the CWF and organizer. I agree that I will always conduct myself in a professional and courteous manner and to be subject to penalties and sanctions for violations related thereto. I understand that my protest must be conducted in accordance with the Rules of Arbitration. I agree that my performance, attendance, and participation at the Event may be filmed or otherwise recorded or released or telecast live. I consent to allow the CWF and organizer use of my name, address, voices, poses, pictures and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised and I do hereby waive any compensation in regard thereof as well as any future rights to the aforementioned.

I have read and understand the rules and regulations governing the Event, and I understand that the Event's rules and regulations are designed, in part, for the safety and protection of participants in the Event. I agree to abide by the Event's rules and regulations.

I understand that it is my own obligation to obtain health insurance that covers any injuries or illnesses I may suffer during my participation in the Event, and that CWF and organizer are not providing me with any health insurance that covers any injuries or illnesses I may suffer during my participation in the Event.

****For athletes under the age of 18 -This waiver must be signed by their parent or legal guardian****

Signature of Participant	Signature of Parent/Legal Guardian	Date