



## WAIVER AND RELEASE AGREEMENT

### INSTRUCTIONS:

All karate competitors must submit the following documents in order to be eligible to compete in any Karate Canada competition, and more specifically in the 2019 National Championships:

1. Waiver and Release Agreement
2. A Medical Report comprised of 3 parts:
  - Part A - Medical History: to be completed by all competitors
  - Part B - Medical Examination\*: to be completed by a licensed physician **if you answered “yes” to any question in Part A**
  - Part C - Para Medical Form: to be completed by para-athletes and a physician

\* A doctor's note, dated within the last 6 months, stating the athlete is fit to compete can be accepted as a substitution for Part B, providing the athlete did not sustain any other injury following the note.

All medical reports must be submitted to Karate Canada through the Provincial Sport Organization (PSO) by **April 12<sup>th</sup>, 2019**. Karate Canada and/or the tournament doctor/medical staff will review the forms and contact the PSO/athlete if there are any issues with your form. The tournament doctor/medical staff will have the sole discretion to determine if a competitor is or is not medically fit to compete.

### ALL COMPETITORS MUST BE AWARE OF THE FOLLOWING:

1. Competitors will not wear bandages, padding or supports during Kumite matches unless approved by the referee in consultation with the Tournament Medical Director (TMD).
2. A competitor injured during a match and declared unfit to fight by the TMD will not be eligible to further compete in the competition.
3. All finger and toenails must be kept short.
4. Competitors will not wear metallic or other objects, which may injure an opponent.
5. Competitors are advised to see their regular physician following a competition for follow-up examination of any injuries suffered during the competition.

Note: The full extent of some injuries may not manifest themselves until sometime following the injury, e.g. abdominal or head injuries.

### ACKNOWLEDGEMENT:

I UNDERSTAND AND AGREE that my signing of this document constitutes that:

1. I am registering willingly and participating voluntarily in a Karate Canada competition and the 2019 National Championships.



2. I am physically, emotionally and mentally able to participate in a Karate Canada competition and the 2019 National Championships.
3. I have expressly disclosed all illnesses, injuries, ailments, symptoms and/or medical conditions of any kinds whatsoever suffered or sustained as requested in the Medical Report.
4. I agree to consult my regular doctor should such an examination be requested by the TMD.
5. I agree that there are risks as described in the Waiver and Release Agreement and will be exposed to these risks and hazards.
6. **I agree to accept all these risks and hazards** and be responsible for any injury or other loss which I might receive while participating in a Karate Canada competition and the 2019 National Championships.
7. By participating in Karate Canada's activities, I hereby consent to having any picture or video image taken of me during any activity in any edited material used for Karate Canada's promotional activities, Web site and souvenir videos. I also accept that Karate Canada use any photomontage and videotape in which I appear for television purposes.
8. I have read the Waiver and Release Agreement and understand its terms and conditions.

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

#### **TOURNAMENT COMPETITOR**

\_\_\_\_\_  
Printed Name of Competitor

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
Printed Name Parent/Guardian if under 18

\_\_\_\_\_  
Signature of Parent/Guardian

#### **BLACK BELT INSTRUCTOR**

\_\_\_\_\_  
Printed Name of Black Belt Instructor

\_\_\_\_\_  
Signature of Black Belt Instructor



## **WAIVER AND RELEASE AGREEMENT (CONT.)**

### **WARNING**

**By signing this document you will waive certain legal rights, including the right to sue.  
Please read carefully.**

This is a binding legal agreement. As a Participant in the programs, activities and events of Karate Canada, the undersigned acknowledges and agrees to the following terms:

### **DISCLAIMER**

Karate Canada, its respective directors, officers, members, employees, coaches, volunteers, officials, participants, agents, owner's/operator's of facilities, and representatives (collectively the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during the sport of karate, or as a result of, any competition, program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

### **DESCRIPTION OF RISKS**

In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, activities and events. The risks and hazards include, but are not limited to, injuries from:

- a) Physical contact with other participants;
- b) Striking participants and objects with parts of the body;
- c) Contact, colliding or being struck by other participants;
- d) Tumbling falling or being thrown to the floor;
- e) Executing strenuous and demanding physical techniques;
- f) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
- g) Exerting and stretching various muscle groups;
- h) Falls due to uneven or irregular surfaces;
- i) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- j) Spinal cord injuries which may render me permanently paralyzed;
- k) Travel to and from competitive events and associated non-competitive events, which are an integral part of the Organization's activities.

### **FURTHERMORE, I AM AWARE:**

- a) That injuries sustained can be severe;
- b) That I may experience anxiety while challenging myself during the competitions, activities, events and programs;
- c) That my risk of injury is reduced if I follow all rules established for participation; and



d) That my risk of injury increases as I become fatigued.

**RELEASE OF LIABILITY**

**In consideration of the Organization allowing me to participate, I agree:**

- a) That my physical condition has been verified by a medical doctor;
- b) To assume all risks arising out of, associated with or related to my participation;
- c) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- d) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

**ACKNOWLEDGEMENT**

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon my heirs, executors, administrators, representatives and myself.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**TOURNAMENT COMPETITOR**

\_\_\_\_\_  
Printed Name of Competitor

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
Printed Name Parent/Guardian if under 18

\_\_\_\_\_  
Signature of Parent/Guardian



## PART A - MEDICAL HISTORY

To be completed by all competitors. Incomplete reports will not be accepted.

**Athlete:**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Male

Female

Address: \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

Rank: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Medical Insurance Plan & Number (mandatory): \_\_\_\_\_

***Check yes if the problem/condition requires medical attention***

	Yes	No
1. Do you have any problems with Ears/Nose/Throat?		
2. Do you have fainting spells, blackouts or epilepsy?		
3. Do you have an active lung infection (including Tuberculosis)?		
4. Do you suffer from Asthma? Do you use a puffer?		
5. Do you have kidney disease, infection or failure?		
6. Do you have a loss of all or part of a limb?		
7. Do you have decreased movement of a limb, joint or spine?		
8. Do you have any muscle or joint disease?		
9. Have you had any fractures or orthopedic surgery (last 6 months)? If yes, please expand in section indicated as "Other".		
10. Do you suffer from diabetes? If yes, which type: _____		
11. Do you have heart disease or high blood pressure?		
12. Are you taking any banned medication and/or medication which could affect your performance? (Please list below) <b>Check the <a href="#">Medical section</a> of the Karate Canada's website for a list of the 2019 banned substances.</b>		
13. Do you have any allergies or anaphylactic reaction, which could affect your performance?		
14. Have you had a head injury (concussion) within the last 6 months? If yes, - what was the date you were officially cleared to return to play?      Date: - are you still currently suffering from any symptoms? - are you back to training at a level before your concussion?		
15. Do you have any disease or disability not mentioned above? If yes, please expand in section indicated as "Other".		



MEDICATIONS; list if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER (including fractures or orthopedic surgery and disease or disability not mentioned in previous list; if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that I have read the above information and that, to the best of my knowledge, this information is correct and complete.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**TOURNAMENT COMPETITOR**

\_\_\_\_\_  
Printed Name of Competitor

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
Printed Name Parent/Guardian if under 18

\_\_\_\_\_  
Signature of Parent/Guardian



## PART B - MEDICAL EXAMINATION

To be completed by examining physician.

Name: \_\_\_\_\_

Measured weight: \_\_\_\_\_

Measured height: \_\_\_\_\_

	Normal	Abnormal	Details of positive findings
1. Eyes (lids, conjunctiva, cornea, pupils, fundi)			
2. Ears (auditory canals, tympanic membranes, patency of eustachian tubes)			
3. Nose, throat (airway, speech impediment, tonsils, etc.)			
4. Respiratory system (thorax, lung fields)			
5. Cardiovascular system (heart size, rhythm, sounds, murmurs: peripheral circulation and varicosities)			
6. Gastro-intestinal system (abdominal scars enlarged organs or hernia, haemorrhoids)			
7. Genito-urinary system (varicocele, hydrocele, particularly with hernia)			
8. Locomotor system (amputations, deformities, restriction of movement of limbs or spine)			
9. Nervous system (tendon reflexes, tremors, gait)			
10. Lymphatic system and thyroid			
11. Skin (including evidence of allergy)			
12. Blood pressure readings	1 <sup>st</sup>	Additional	
	s.		
	d.		
13. Pulse			
<b>14. Diabetes (if applicable)</b> How is it managed?			

### VISUAL EXAMINATION

	A) Distant vision	B) Near vision
<b>Right eye</b>	Corrected to _____	Corrected to _____
<b>Left eye</b>	Corrected to _____	Corrected to _____
<b>Both eyes</b>	Corrected to _____	Corrected to _____



**Examining physician's opinion:**

The above Karate student if fit  /unfit  to participate in training and competition which may or may not include competitive free sparring.

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date





## PART C - PARA MEDICAL FORM

To be completed by para-athletes and a physician.

### ATHLETE'S PERSONAL INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Gender: Male  Female

Date of birth: \_\_\_\_\_ (mm-dd-yyyy) Age: \_\_\_\_\_

### Athlete's parent/guardian (if dependent)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency contact (if different then parent/guardian)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if under 18

\_\_\_\_\_  
Date

### DISABILITY INFORMATION (to be filled by a physician)

Disability code(s) according to the International Classification of Disease (ICD): \_\_\_\_\_

If pertinent, attach Government documentation of disability code.

Please provide a description of the athlete's disability in order to help categorize the athlete: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medical and service information that will assist the organizers of the tournament to make the environment safe for the athlete: \_\_\_\_\_



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Name of physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date