



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 2020 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 12th, 2020**. 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 2020 National Championships.
2. I am physically, emotionally and mentally able to participate in a Karate



Canada competition and the 2020 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 2020 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.

REMOVAL FROM COMPETITION DUE TO INJURY

In order to ensure the health and safety of participant, I agree to be removed from competition:

- a) If I sustain direct contact to the head resulting in a loss of consciousness;
- b) If I display signs or symptoms relating to a head injury or concussion after contact to the head, contact to the body causing whiplash or a fall resulting in either whiplash and/or contact to the head;
- c) If I sustain an injury that requires medical imaging or intervention.

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 self report any symptoms of a concussion, and commit to being honest during evaluation;
- d) To share any pertinent information regarding previous concussion history to medical staff;
- e) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- f) 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) Check the Medical section of the Karate Canada's website for a list of the 2020 banned substances.		
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 st	Additional	
	s.		
	d.		
13. Pulse			
14. Diabetes (if applicable) How is it managed?			

VISUAL EXAMINATION

	A) Distant vision	B) Near vision
Right eye	Corrected to _____	Corrected to _____
Left eye	Corrected to _____	Corrected to _____
Both eyes	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: _____



Name of physician: _____

Phone number: _____

Signature of Physician

Date