



Waiver of Liability Form "NF/Team Representative"

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 and Acceptance of the WKF Covid Protocol & Local Health Measures

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. The World Karate Federation (WKF) has put in place preventative measures to reduce the spread of COVID-19; however, cannot guarantee that you will not become infected with COVID-19.

For my own safety and of those participating in the WKF Events, I voluntarily agree to review and rigorously and completely comply with the WKF COVID Protocol and Local Health Measures.

I understand without question that the incompliance with the WKF Covid Protocol, WKF Organizing Rules and/or Local Health Measures may lead to the removal of my official accreditation for the event.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the WKF Events.

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 the Claims, including all liabilities, claims, 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.

As the **representative** (National Federation, Head Coach, Team Manager etc.) of my attached **Delegation**, I hereby declare that I assume and accept responsibility for the compliance of the previously mentioned norms by the members of my Team and/or National Federation and accompanying **parental consent forms for participants under 18 years of age on the day of the Official onsite registration**.

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

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

DATA PROTECTION INFORMATION

Controller: Federación Mundial de Karate / G88288279 / C/ Princesa 25, 3^{er}, 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.



NF/Team List

NF/Team: Country

Hotel:

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