

# Federation of Wado Kai Europe

> 18 Years Old



## **Waiver of Liability Form "Individual +18"**

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

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. The Federation of Wado Kai Europe (FWE) 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 FWE Events, I voluntarily agree to review and rigorously and completely comply with the FWE COVID Protocol and Local Health Measures.

I understand without question that the incompliance with the FWE COVID Protocol, FWE 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 FWE 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 FWE Events organizers, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending the FWE event.

I hereby declare that I have thoroughly read, understood, and individually provided their signature voluntarily and in agreement with the above declarations.

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FWE 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.**