



Waiver of Liability Form "NF/Team Representative"

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.

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.**

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.



NF/Team List

NF/Team: Country

Hotel:

#	Firstname	Lastname	Passport #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

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.