

Irish Open 2019 Athletes Health Questionnaire/Contract/Agreement/Waiver

Please read the questions carefully and answer each one honestly, ticking the appropriate box or adding information if necessary. Your responses will of course be kept in the strictest confidence. **This form must be completed and returned to a Weight Control/Height Control official. NOTE You must fill in E mail Address.**

Name: _____ DOB: _____ Club: _____ Country: _____

(Mandatory)

E mail Address

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s:
Has your doctor ever said that you have had a heart problem? No Yes

Division Number () Discipline () Age Group () Gender Male Female

In the past month have you had any chest pain when...

You were doing any activity No Yes You were resting No Yes

Are you currently taking medication for... A heart condition No <input type="checkbox"/> Yes <input type="checkbox"/>	Have they suffered head trauma or being knocked out in the previous 60 days in competition or sparring No <input type="checkbox"/> Yes <input type="checkbox"/>
Any other health problems No <input type="checkbox"/> Yes <input type="checkbox"/>	

Do you suffer from any bone or joint problems? No <input type="checkbox"/> Yes <input type="checkbox"/>	In the past year have you had any major illness or major surgery? No <input type="checkbox"/> Yes <input type="checkbox"/>
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Have you ever been diagnosed with.

Diabetes No <input type="checkbox"/> Yes <input type="checkbox"/>	Asthma No <input type="checkbox"/> Yes <input type="checkbox"/>
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Epilepsy No <input type="checkbox"/> Yes <input type="checkbox"/>	Other problems No <input type="checkbox"/> Yes <input type="checkbox"/>
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FEMALE ONLY:

Are you pregnant? No <input type="checkbox"/> Yes <input type="checkbox"/> EDD <input type="checkbox"/>	Have you recently had a baby? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes how long ago?
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DO you ever...
lose your balance because of dizziness or lose consciousness No Yes

Are you feeling unwell at present due to cold, injury or generally unwell,
No Yes

If you have answered YES to one or more questions we may need to contact your doctor before you can partake in a The Irish Open 2019 competition

LIABILITY WAIVER/CONTRACT: THIS DOES NOT INTERFERE WITH ANY RIGHTS ARISING UNDER THE CONSTITUTION OR STATUTE. I HAVE READ THIS DOCUMENT, AND I UNDERSTAND IT'S CONTENTS. **OR** I HEREBY AFFIRM THAT I AM THE PARENT / GUARDIAN OF A MEMBER WHO IS UNDER 18 or a competitor taking part, I HAVE READ THE DOCUMENT, FULLY UNDERSTOOD SAME, AND SIGN BELOW ON BEHALF OF THAT MEMBER or myself as applicable. I the undersigned, do hereby release the event promoter, the organising committee and its servants/agents, the ISPC, Bushido Martial Arts and Kickboxing Ireland from any claims for any loss, damage or injury sustained while participating in the Irish Open International, in City West Conference Centre, whether accidental or intentional. **I understand and am fully aware that I am participating in a contact sport and may in the normal course of events sustain an injury while competing.**

Therefore I assume full responsibility for all of my actions during and connected with this event. I also agree that my attendance and or performance may be photographed, filmed or taped and used by the promoter and his agents, I waiver any compensation thereof. I further agree to abide by IMAC/WAKO/KBI Anti Doping rules and agree to be tested if requested to do so.

It is further understood and agreed that said participation in the activity is not be construed as an admission of any liability and acceptance of assumption of responsibility by the provider, its officers, agents, volunteer committee and referees. Jointly and severally, for all damages and expenses for which the provider, its officers, agents, volunteer committee and referees become liable as a result of any alleged act of or participation. This document will form the basis of my agreement/contract with the Event Promoter, Bushido Martial Arts, The Organising Committee, Kickboxing Ireland, The ISPC and all its associates/servants/agents/volunteers. And officers including service providers.

Signature: _____ Date: _____

Signature of Parent/Guardian/Instructor (if aged under 18) _____

I have read, understood and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Information Classification: General