



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

WAKO Liability Waiver And Medical Questionnaire

Name: _____

Address: _____

Date of Birth: _____

	Yes	No
Did you have any illnesses earlier?		
Were you born with any of your body parts missing?		
Have you ever been treated in hospital?		
Do you take any medicine on a regular basis?		
Do you take any food complementary substances?		
Have you ever fainted during or after training?		
Have you ever had any chest pain?		
Have you ever had high blood pressure?		
Have you ever had any skin diseases?		
Do you have any dermatological complaints at the moment?		
Do you suffer from asthma?		
Do you have any problems related to your bones, joints, tendons, or muscles?		
Have you ever had a skull injury accompanied with a loss of consciousness?		
Did you have headache in the past 10 days?		
Do you have teeth braces? If yes please attach the medical certificate!		
Is it possible that you are pregnant?		
Are you often on a diet		

Please give further details on answers with "YES"!

I officially declare that I am fully responsible legally for my answers given above.

LIABILITY WAIVER:

I, the undersigned hereby confirm and agree to the following:

- I have adequate Medical insurance to cover my participation during this event.
- I, the undersigned, do hereby declared that I am currently and prior to leaving my country was in good physical condition and I had not suffered from any injury, infection or disability label to affect my capacity to compete in the current WAKO event.
- I release the event promoter, WAKO, WAKO's officers, the WAKO organising committee, the WAKO (IF) Board, WAKO members and WAKO Continental Board its servants/agents, volunteer committee and referees from any claims and any loss, damage sustained while participating in the above mention event.
- I understand and I 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 WAKO, event promoter and/or their respective authorized agents. I waive any compensation thereof.

I hereby undertake and agree to abide all WAKO Rules and Regulations including WADA / WAKO Anti Doping rules and agrees to be tested if requested to do so. I will treat my fellow competitors, officials and referees with, Respect, Integrity, Fair Play and Honour.

I declare to have read and understood the content of this document.

Place: _____

Date: _____

Athlete

Signature: _____

Parent/Guardian Signature for under 18's _____

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