



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

PARENTAL / LEGAL GUARDIAN CONSENT

I _____ as parent / legal guardian of the minor

son / daughter _____ Passport / ID number _____
Full name of underage competitor *Passport / ID Number*

agree that my son / daughter participate as a competitor on kickboxing competition

_____ / _____
Name of the competition *Place and date of competition*

accompanied by a coach _____ Passport / ID number _____
Full name of coach *Coach's Passport / ID Number*

I confirm with my signature that I fully agree with all of the provisions set out in the **WAKO Liability Waiver** and with all is reported in **WAKO Medical Questionnaire** signed by my son / daughter and **WAKO Non-pregnancy declaration** signed by my daughter.

I also confirm with my signature that I fully agree that in case of an accident and the need of medical assistance to my son / daughter, all necessary exams (including x-rays and CT scan) and all necessary medical treatments (including blood transfusions and surgical procedures) should be performed.

I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

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

Place and Date: _____

Signature: _____
Parent's or Legal Guardian's signature

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