



INFORMATION FOR KARATE COMPETITORS

Instructions

All Karate Competitors must submit the following documents in order to be eligible to compete in a Karate Canada karate competition:

1. Waiver and Release Agreement
2. A Medical Report comprised of a Medical History (Part A) completed by the competitor and a Medical Examination (Part B) to be completed by a licensed physician. **If all the answers related to the Medical History are “No”, then the Medical Examination (Part B) is not required.** Note: Medical Examination reports are not required for those competitors competing in Kata only.
3. All Medical Reports must be submitted at the time of registration to the tournament director for review by the tournament doctor. The tournament doctor will have the sole discretion to determine if a competitor is or is not medically fit to compete in Kumite.

All competitors should be aware of the following:

1. Competitors will not wear bandages, padding or supports during Kumite matches unless approved by the referee in consultation with the tournament doctor.
2. A Competitor injured during a match and declared unfit to fight by the tournament doctor will not be eligible to further compete in the competition.
3. All finger and toe nails must be kept short.
4. Competitors will not wear metallic or other objects which may injure an opponent.
5. Competitors are advised to see their regular physician following a competition for follow-up examination of any injuries suffered during the competition. Note: The full extent of some injuries may not manifest themselves until sometime following the injury, e.g. abdominal or head injuries.

Acknowledgement

I UNDERSTAND AND AGREE that my signing of this document constitutes that:

1. I am registering willingly and participating voluntarily in the Karate Canada Karate Competition.
2. I am physically, emotionally and mentally able to participate in the Karate Canada Karate Competition.
3. I have expressly disclosed all illnesses, injuries, ailments, symptoms and/or medical conditions of any kinds whatsoever suffered or sustained as requested in the Medical Report.
4. I agree to consult my regular doctor should such an examination be requested by the Tournament Medical Doctor.
5. I agree that there are risks as described in the Waiver and Release Agreement and will be exposed to these risks and hazards.
6. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss which I might receive while participating in the Karate Canada Karate Competition.
7. By participating in Karate Canada’s activities, I hereby consent to having any picture or video image taken of me during any activity in any edited material used for Karate Canada’s promotional activities, Web site and souvenir videos. I also accept that Karate Canada use any photomontage and videotape in which I appear for television purposes.
8. I have read the Waiver and Release Agreement and understand its terms and conditions.

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

DATED this _____ day of _____, 2011.

TOURNAMENT COMPETITOR

Printed Name of Competitor

Signature of Competitor

Printed Name Parent/Guardian if under 18

Signature of Parent/Guardian

BLACK BELT INSTRUCTOR

Printed Name of Black Belt Instructor

Signature of Black Belt Instructor



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

WARNING!

By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

This is a binding legal agreement. As a Participant in the programs, activities and events of Karate Canada, the undersigned acknowledges and agrees to the following terms:

Disclaimer

1. Karate Canada, its respective directors, officers, members, employees, coaches, volunteers, officials, participants, agents, owner's/operator's of facilities, and representatives (collectively the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during the sport of karate, or as a result of, any competition, program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

2. In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, activities and events. The risks and hazards include, but are not limited to, injuries from:
 - a) Physical contact with other participants;
 - b) Striking participants and objects with parts of the body;
 - c) Contact, colliding or being struck by other participants;
 - d) Tumbling falling or being thrown to the floor;
 - e) Executing strenuous and demanding physical techniques;
 - f) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
 - g) Exerting and stretching various muscle groups;
 - h) Falls due to uneven or irregular surfaces;
 - i) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - j) Spinal cord injuries which may render me permanently paralyzed;
 - k) Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.
3. Furthermore, I am aware:
 - a) That injuries sustained can be severe;
 - b) That I may experience anxiety while challenging myself during the competitions, activities, events and programs;
 - c) That my risk of injury is reduced if I follow all rules established for participation; and
 - d) That my risk of injury increases as I become fatigued.

Release of Liability

4. In consideration of the Organization allowing me to participate, I agree:
 - a) That my physical condition has been verified by a medical doctor;
 - b) To assume all risks arising out of, associated with or related to my participation;
 - c) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
 - d) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgement

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Name of Participant (Please Print)

Signature of Participant

Date

Printed Name Parent/Guardian if under 18

Signature of Parent/Guardian