

2024 Australian Kung Fu Wushu Championships

WAIVER OF LIABILITIES

1. COMPETITOR'S DETAILS:

Organisation / Federation:

Given Names: Last Name: Gender:

Date of Birth: Email:

2. WAIVER AND INDEMNITY

I, the undersigned, in consideration of Kung Fu Wushu Australia and Kung Fu Wushu Queensland collectively referred to as "Organising Committee" accepting my entry to the 2024 Australian Kung Fu Wushu Championships, hereby referred to as the "Championships", acting for myself, heirs, personal officers, agents, representatives and assignees, hereby release the Organizing Committee, its officers, agents, representatives, volunteers, judges and referees and other related members from all claims, actions, suits, and controversies at law or in equity arising out of any loss of life or injury, damage or loss of any description whatsoever which I may suffer or sustain as a result of or in connection with my participation in the Championships.

3. MEDICAL DECLARATION

I certify and acknowledge that I have NO physical disabilities or injuries that would impair my participation in the Championships and that I further certify that I do not suffer from any illness or blood related virus that may be transmitted to any other competitor, official or spectator. I declare that I have not been rendered semi or fully unconscious within the past four weeks from today' date, and if prior to the event that I am rendered semi or fully unconscious I will notify the organiser and withdraw my registration.

4. MEDICAL TREATMENT

I consent to any emergency treatment that may be necessary as a result of any injury that I may sustain during the course of the tournament. I fully understand that all medical attention or treatment afforded to me by the Organizing Committee, its officers, medical personnel, representatives, volunteers, and all other related members will be of the first aid type only, and hereby release the Organizing Committee its officers, representatives, volunteers, and all other related members from any liability for such aid. I am duly reasonable to arrange any transport at my own expense to a suitable medical centre or hospital if it is deemed the injury requires further treatment or in the event I have been rendered unconscious or unable I authorise for an ambulance to be called on my behalf to transport me to such a facility. I understand it is my obligation to obtain my own medical coverage.

5. MARTIAL ARTS DONE AT APPLICANT'S OWN RISK

I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in the Championships. I understand that the practice of martial arts is potentially dangerous.

6. PERSONAL PROPERTY

I accept that the Organising Committee, its officers, agents, representatives, volunteers, judges and referees and other related members are not responsible for any loss or damage to such personal property or equipment that I may bring to the Championships.

7. USE OF IMAGE

I agree that my performance, attendance, and participation at the Championships may be filmed or otherwise recorded or released or telecast live. I consent to allow the Organizing Committee use of my name, address, voices, poses, pictures and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised and I do hereby waive any compensation in regard thereof as well as any future rights to the aforementioned.

8. RULES AND REGULATIONS

I agree to abide by and follow the Rules established by the Organising Committee. I agree that I will conduct myself in a professional and courteous manner at all times and to be subject to penalties and sanctions for violations related thereto.

9. STATEMENT OF UNDERSTANDING

I have read and fully understand the conditions listed above.

Signed (*Participant – 18 years +*) Date

[This application **must** be signed by a Parent / Legal Guardian if the Participant is under the age of 18.]

Name of Parent / Legal Guardian: Signed..... Date