

Participant's Name _____

Dojo _____

Minor Participant Parent's Name _____

WAIVER/RELEASE AGREEMENT

EVENT: 2019 JKA/AF Nationals, Collegiate & Goodwill Karate Championship & Clinics.

I understand that there are risks and dangers inherent in martial arts training and in participating in and/or receiving instruction at the EVENT. I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of personal injury or death or for property damage suffered by me while participating in and/or receiving instruction at the EVENT. I expressly acknowledge that my participation in the EVENT may subject me to personal injury or bodily harm and I assume any and all risks of that participation. I also understand that in order to be allowed to participate in and/or receive instruction at the EVENT, I must give up my rights to hold the **JKA American Federation and its affiliates, JKA of Northern California (JKA NorCal), Burlingamer Sports Center**, and any and all other clubs, schools, instructors, members, judges, officials, representatives and all other participants (collectively the "Releasees") liable for any injury or damage which I may suffer while participating in and/or receiving instruction at the EVENT.

I also understand and agree that by signing the Waiver/Release, I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR HAVING OR OBTAINING ALL INSURANCE COVERAGE which may be necessary or desirable in connection with my participation in and/or receipt of instruction at the EVENT and for any travel to and from the EVENT and in all lodging or any other activities which may be related directly, indirectly or incidentally to the foregoing. I further understand and agree that any fees or costs required for necessary or requested medical attention shall be my sole responsibility and that I shall not seek indemnification or contribution from any Releasee in connection therewith. I also understand that the Releasees shall not be responsible for any incidental, consequential or exemplary damages of any kind even if they are notified of the possibility of such in advance. I also understand and agree that any damage to any lodging sites or the tournament site that I cause is my full responsibility. In no case are said damages the responsibility of any of the Releasees. I further understand and agree that as consideration for my participation in the EVENT, the JKA American Federation and /or its designees shall have the right to use my name, image or likeness in the promotion of the EVENT or in any publication relating to the EVENT (or similar Events) and in any broadcast or rebroadcast transmission of the EVENT without any additional consideration to me for the use of my said name, image, audio/sound or likeness.

I understand and agree that this Waiver/Release will have the effect of RELEASING, DISCHARGING, WAIVING AND FOREVER RELINQUISHING ANY AND ALL ACTIONS OR CAUSES OF ACTION that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in and/or receipt of instruction at the EVENT. Knowing this, and in consideration of being permitted to participate in and/or receive instruction at the EVENT, I hereby release and agree to indemnify and hold harmless the above-named Releasees individually and their entities, and their officers, agents, principals, partners, shareholders, directors and employees from any and all liability or costs, including attorney fees, associated with or arising from my participation in and/or receipt of instruction at the EVENT. I further understand and agree that this Waiver/Release will be binding on my spouse, my heirs, my personal representative, my assigns, my children, any guardian ad litem and me for said children.

I understand that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf. I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it.

Sign Name _____ Date _____

Witness _____

PARTICIPANT'S MEDICAL QUESTIONNAIRE

To be completed by all adults and guardians of minors attending the EVENT.

Participant's Name _____ Date of Birth _____ Sex _____ Rank _____

Address _____ City _____ State _____ Zip _____

Organization _____ Country _____ Dojo _____

Do you / does minor participant have a history of any of the following conditions? Please check either yes or no for each one.

If you answer yes to any, please explain:

Yes No

- Heart murmur
- Hypertension
- Recent infection
- Bone fracture in the past six months
- Concussion or severe head injury in the past six months
- Seizures
- Eye injury
- Severe bone bruises requiring padding
- Kidney injury
- Allergy to medication (list all):
- Currently taking any medications?

If yes please specify _____

_____ Other: _____

_____ Date _____

Signature of Participant (Parent or Guardian if under 18 years of age)

MINOR PARTICIPANT'S Medical Questionnaire

This form is for minor participants and must be filled out by parent or legal guardian. Please print clearly. All information must be supplied.

EMERGENCY CONTACT AND MEDICAL INFORMATION:

Name of Parent/Legal Guardian: _____

Telephone _____ (day) _____ (night)

_____ (insurance company)

_____ (policy number)

FIRST AID:

I hereby give permission for JKA American Federation / JKA of Northern California (hereinafter "JKA AF/JKANC") doctor or nurse to administer minor first aid and/or seek emergency medical care for my son/daughter during his/her stay at the EVENT. I understand that this permission covers the average emergency such as, but not limited to, strains, sprains, cuts, bruises, scrapes, bumps, skin rashes, minor bites, allergic reactions, upset stomach, diarrhea, minor burns, suspected minor fractures, fevers, and other similar occurrences. This permission is valid only for the duration of the EVENT or activity described above.

CONSENT FOR EMERGENCY TREATMENT:

In the event that my child needs emergency medical care, as determined by the EVENT doctor/nurse, supervisory staff or administrators, I hereby give permission for said child to be treated in the emergency room and by the medical professionals of the hospital or medical center nearest to or most easily accessible to the EVENT or activity described above. This permission includes, but is not limited to, fractures, snake bites, allergic reactions, minor concussions, contusions, lacerations, foreign bodies in the eyes or skin, fevers, diagnostic x-rays, suturing, minor burns, etc. I also give permission for my child to receive a tetanus booster (if needed). I understand that in cases of major significance, such as a fracture, appendicitis, or any illness or injury, which would require admission to a hospital, more consents will be necessary for treatment. If such a situation should arise, I further understand that the EVENT doctor/nurse, supervisory staff and/or administrators, and the hospital will make every attempt to reach me.

I HEREBY RELEASE THE EVENT, JKA AF/JKANC AND ALL RELEASEES FROM ANY AND ALL LIABILITIES DUE TO MY CHILD'S PARTICIPATION IN THIS EVENT.

Signature of Parent/Legal Guardian