



Waiver of Liability Form "Individual"

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 and Acceptance of the WKF Covid Protocol & Local Health Measures

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. The World Karate Federation (WKF) has put in place preventative measures to reduce the spread of COVID-19; however, cannot guarantee that you will not become infected with COVID-19.

For my own safety and of those participating in the WKF Events, I voluntarily agree to review and rigorously and completely comply with the WKF Covid Event Protocol and Local Health Measures.

I understand without question that the incompliance with the WKF Covid Event Protocol, WKF Organizing Rules and/or Local Health Measures may lead to the removal of my official accreditation for the event.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the WKF Events.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the event organizers, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the WKF Events organizers, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending the WKF event.

I hereby declare that I have thoroughly read, understood, and individually provided their signature voluntarily and in agreement with the above declarations.

_____	_____	_____
WKF Event / City	NF or Team / Country	Passport #
_____	_____	_____
First name, Last name	Date (DD/MM/YYYY)	Signature

By signing this document, you acknowledge that you have read and understood the information on data protection.

DATA PROTECTION INFORMATION

Controller: Federación Mundial de Karate / G88288279 / C/ Princesa 25, 3º1, 28008 Madrid / wkf@wkf.net/ +34915359632 | **DPO:** dpo@wkf.net | **Purpose:** make the participant aware of the possible risks involved in taking part in the specified competition | **Rights:** Access, rectification, erasure and portability of your data, object and restriction by sending email to dpo@wkf.net | **Additional information:** You can consult additional and detailed information about our privacy policy at www.wkf.net or by writing to dpo@wkf.net.



Waiver of Liability Form "Parental Consent"

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 and Acceptance of the WKF & Local Preventive Measures

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. The World Karate Federation (WKF) has put in place preventative measures to reduce the spread of COVID-19; however, cannot guarantee that you will not become infected with COVID-19.

For my own safety and of those participating in the WKF Events, I voluntarily agree to review and rigorously and completely comply with the WKF Covid Event Protocol and Local Health Measures.

I understand without question that the incompliance with the WKF Covid Event Protocol, WKF Organizing Rules and/or Local Health Measures may lead to the removal of my official accreditation for the event.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the WKF Events.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the event organizers, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the WKF Events organizers, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending the WKF event.

_____	_____	_____
WKF Event / City	NF or Team / Country	Hotel Name
_____	_____	_____
Printed name of the participant (First and Last Name)	Passport #	Date of Birth (dd/mm/yyyy)

PARENTAL CONSENT: I am the minor's parent or guardian named above and I understand the nature of the Waiver of Liability above and verify and consent to the minor attending the WKF Event indicated under the WKF Organizing Rules, the WKF Covid Protocol and Local Health Measures.

_____	_____	_____
Participant's representative / Parent / Guardian*	Signature	Date (dd/mm/yyyy)

*This is mandatory if the Athlete is under eighteen (18) years of age or Athlete is mentally incapable of understanding the consent.

By signing this document, you acknowledge that you have read and understood the information on data protection.

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