

2. OPEN EUROPEAN CUP



Berlin / Germany
20. - 24. September 2018

Waiver/Release Agreement for Contestants/Participants

All participants must complete.

"Event" means the 2. OPEN EUROPEAN CUP 2018 in Berlin

The undersigned is aware that there are risks and dangers inherent in participating and receiving instruction at the Event. In consideration of being permitted to participate in the Event to be held at Sporthall: Rudolf-Virchow Sportpark, Blumberger Damm 300, 12687 Berlin on September 20-24, 2018, I hereby release and waive any claims against DTSKF and ISKF: German Traditional Shotokan Karate Federation e.V. and the International Shotokan Karate Federation, Sporthall: Rudolf-Virchow-Sportpark, Blumberger Damm 300, 12687 Berlin and any and all clubs, schools, instructors, members, judges, officials, officers, directors and representatives relating thereto (collectively the "Releases") for any injury or damage which I may suffer while participating and/or receiving instruction at the Event including travel to and from the Event. I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions, those causes of action that I may have or have had, whether past, present or future, whether now known or unknown and whether anticipated or unanticipated by me, arising out of my participation at the Event. This Release shall be binding upon me, my heirs, successors, administrators, assigns and legal representatives. I assume full responsibility for any and all risk of death or personal injury or property damage, which I may suffer while participating in the Event. I expressly acknowledge and assume any and all risk that my participation in the Event may subject me to personal injury to bodily harm.



I confirm that I have no past or present medical condition, injury or other physical or mental restriction which may cause or contribute to personal injury or property damage while participating in the Event and if in case I have such a condition, I agree to forthwith nullify the Releases, as the case may be, and withdraw from the Event. I further agree by signing this Release, I shall indemnify and hold any of the Releases harmless from any and all liability or costs, including legal fees, associated with or arising from my participation at the Event.

I understand that if I am signing this Release on behalf of a minor child, 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 Release and that I understand the words and language in it. I sign this Release freely and voluntarily.

Name (Print)

Country

Date of Birth (MM/DD/YY)

Signature

Date

Witness

Parent/Guardian Release:

I am the parent or legal guardian of the minor _____ and I am signing this waiver/release on behalf of the said minor.

Name of Parent or Guardian (Print)

Signature

Date

Each contestant must obtain their own health insurance prior to travel and are responsible for their own hospital and healthcare while attending the Event. Only first aid will be administered at the Event.

*** Attach a photocopy of valid ISKF card***