

KYOKUSHIN CUP 6 IN ZABKI 2018

September 22, 2018

PERMISSION FORM FULL CONTACT

I declare my permission to participate in the SEMI CONTACT "KYOKUSHIN CUP" 6th Tournament of Karate Kyokushin to be held at Primary School Nr 2 in Zabki on September 22th, 2018.

I understand that there will be physical contact while sparring, grappling and participating in other events.

Although great care given to reduce risk, I understand karate competitions are not without an element of danger.

I understand the risks involved with this type of program and will not hold responsible PS2 for any accident or injury that may occur while participating in the tournament or on the premises of PS2.

I declare that I am physically fit and have the skill level required to participate in the Event or any of such activates.

I further authorize medical treatment, at my cost, if the need arises.

I agree that the personal information I provide about myself and my image will be used for all activities related to the above. Competition.

Name and Surname: _____

City and Date: _____

Signature: _____

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