

## **Waiver of Liability Form "NF/Team Representative"**

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

I hereby acknowledge, in my own name and on behalf of each of the individuals included in the attached "Delegation/Team List", that the novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization, and that the World Karate Federation (WKF) has put in place preventative measures to reduce the spread of COVID-19; however, it cannot guarantee that we will not become infected with COVID-19.

Consequently, I hereby declare, under my own and exclusive responsibility and that of the individuals listed in the attached "Delegation/Team List", and for our own safety and of those participating in the Event, that:

- We comply with all the requirements for participating at the Event, not pertaining to any health risk group.
- We do not live with anyone who pertains to a health risk group, or, if so, we participate in the Event under our own and exclusive responsibility.
- We have received and read the WKF Covid Event Protocol and Local Health Measures and therefore we are fully aware of and agree with the measures contained therein.
- We 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 the defaulter's official accreditation for the Event.
- We voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to ourselves (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that any of us may experience or incur in connection with our attendance at the WKF Events. In particular, we hereby undertake to voluntarily assume and respect any measures that the WKF, the Event Organizers and/or the health or other competent authorities may impose or require from any of us in case of any personal infection or that of third parties when attending the Event, including any movement restrictions, isolation or lockdown.
- On my behalf and on behalf of those included in the attached "Delegation/Team List", I hereby release, covenant not to sue, discharge, and hold harmless the event organizers, its employees, agents, and representatives, of and from any claims, including all liabilities, actions, damages, costs, or expenses of any kind arising out of or relating thereto.
- We 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.

As the **representative** (National Federation, Head Coach, Team Manager etc.) of my attached **Delegation/Team**, I hereby declare that I assume and accept responsibility for the compliance of the previously mentioned norms by all the members of my Delegation/Team and accompanying **required forms for participants**.

_____	_____	_____
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.
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### **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.

# Delegation/Team List

NF/Team: ..... Country .....

Hotel: .....

#	Firstname	Lastname	Passport #
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Submit at Onsite Registration

Page 1 (Delegation Representative), Page 2 (Delegation List) and Waiver or Parental Consent for each member of your delegation.

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