



**Oceania Kung Fu Wushu Championships
Hosted by NZ Kung Fu Wushu Federation**



WAIVER OF LIABILITIES

I [PRINT Name] _____ the

undersigned, **Status:** [Circle or Underline] Athlete, Coach, Team Leader, Team Manager, Physio, Doctor

I knowingly and without duress, do voluntarily submit my Entry to the 2023 Oceania Championships. In consideration of the New Zealand Kung Fu Wushu Federation accepting my application, I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from, or in connection with, my participation in the 2023 Oceania Championships..

The 2023 Oceania Championships is hosted by the New Zealand Kung Fu Wushu Federation, collectively referred to as 'Organizing Committee'. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the 'Organizing Committee', its officers, agents, representatives, volunteers, and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause or thing whatsoever, that I may sustain as a result of or in connection with my participation in the 2023 Oceania Championships..

I fully understand that all medical attention or treatment afforded to me by the 'Organizing Committee' its officers, representatives, volunteers, and all other related members will be of the first-aid kind only, and hereby release the 'Organizing Committee' its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain medical coverage.

I agree to abide by and follow the Rules established by the 'Organizing Committee', and I understand that any protest I or my representatives chose to make must be conducted in accordance with the rules of Arbitration.

I agree that my performance, attendance, and participation at the 2023 Oceania Championships may be filmed or otherwise recorded or released or telecast live. I consent to the 'Organizing Committee' using my name, address, voices, poses, pictures and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised, and I do hereby waive any compensation in regard thereof as well as any future rights to the aforementioned.

I have read and fully understand the waiver listed above.

Signature of Participant

Signature of Parent/Guardian

Date

[Signature of Parent or Legal Guardian is required if participant is **under 18 years of age**]

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone No: _____