



Fighter Waiver Form

The Portuguese Kyokushin Federation, European Kyokushin Federation and Kyokushin World Federation which are the co-organizers of this championship, can not be under any legal purpose or any time be responsible for injuries that may be acquired by the competitor in the championship, either be held responsible for any later defects of possible injuries.

The competitor signing this statement declares that she/he (name).....has full knowledge of the rules of this competition of Kyokushin Karate (full contact) which will take place 25th – 26th October 2019 in the City of Vila do Conde (Portugal). She/He also declares to have a good, strong health and no injuries or illnesses at the present time that can prohibit her/him from taking part in the championship.

The competitor declares to have a personal insurance, that will cover any accident that may occur at the competition.

The competitor signing this statement also agrees to take drug test if selected.

Date: _____

Signature: _____

