



WAIVER & MEDICAL INFORMATION FORM

Medical Clearance Form

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| 1. Do you have any condition which prevents you training and competing in this event? | Yes | No |
| 2. Do you have any condition which may endanger others training and competing in this event? | Yes | No |
| 3. If you have answered yes to questions 1 or 2, the medical clearance below must be completed, signed and stamped by your doctor giving approval for you to participate in the JKA Australia Inc. Seminar. | | |

(Waivers must be submitted for all seminar participants. If there is a medical condition, submit both doctor's approval and waiver.)

Doctor's Approval

Participants Full Name:	Date of Birth:
Medical Condition requiring clearance:	Doctor's Stamp:
Doctors Name:	Doctors Phone:

I acknowledge that the participant named on this form, suffers from the condition specified. I approve medical clearance for this person's participation in the JKA Australia Inc. Seminar.

Doctor's Signature _____ Date _____

Waiver

I, the undersigned, in consideration of, and as a condition of acceptance of my participation in the JKAA seminar, for myself, my heirs, executors and administrations, hereby waive all and any claims, rights or cause of action, which I or they might otherwise have, arising out of any loss of life, injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of, or as a consequence of, my entry or participation in the seminar and/or competition.

This waiver extends to and operates separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the seminar and competition and the servants, agents, representatives and officers of any of them.

Seminar date:	Seminar location:
Participant name:	Branch Name:
Signature:	Date:
Parent/Guardian's Signature:	Date:

Safety equipment required for kumite events: Clear (transparent) mouth guard, fist protectors, and chest protectors.