

**2024 ISKF Central Alberta Championship**  
**30th ISKF Central Alberta U14, Cadets 14-16 & Juniors 16-18**  
**Red Deer, Alberta –November 02, 2024**

**Waiver/Release Agreement for All Participants**

"Event" means the events and activities associated with the 2024 ISKF Central Alberta Championship, 30th ISKF Central Alberta U14, Cadets 14-16 & Juniors 16-18; to be held on November 02, 2024, at Penhold Regional Multiplex #1 Waskasoo Avenue, Box 10 Penhold, AB TOM 1R0 including without limitation, the competitions or any other event or activity associated therewith.

I, the undersigned, and aware that there are risks and dangers inherent in participating at the Event. In consideration of being permitted to participate in the Event, I hereby release and waive any claims against The Shotokan Karate Club of Red Deer, The International Shotokan Karate Federation of Alberta, International Shotokan Karate Federation of Canada, and International Shotokan Karate Federation (collectively "ISKF") and any ISKF Club and instructors, members, judges, officials, officers, directors, volunteers and representatives relating thereto, hereinafter referred to together with the ISKF, collectively the "Releasees", for any injury, loss, harm or damage which I may suffer, sustain or incur arising out of or in consequence as a result of participating at the Event, in any manner, including travel to and from the Event.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions, those causes of action that I may have or have had, whether past, present or future, whether now known or unknown and whether anticipated or unanticipated by me, arising out of my participation at the Event. This Release shall be binding upon me, my heirs, successors, administrators, assigns and legal representatives and shall continue to benefit the Releasees and survive the completion of the Event.

**I assume full responsibility for any and all risk of death or personal injury or property damage, which I may suffer while participating in the Event. I expressly acknowledge and assume any and all risk that my participation in the Event may subject me to personal injury and bodily harm.**

I confirm that I have no past or present medical condition, injury or other physical or mental restriction which may cause or contribute to personal injury or property damage while participating in the Event and if in case I have such a condition, I agree to forthwith notify the Releasees, as the case may be, and withdraw from the Event. Notwithstanding any disclosure of any health condition, I am in proper physical condition to participate in the Event.

I hereby grant to ISKF the permission to use and publish photographs or video images of me (the "Images") for any purpose authorized by any ISKF entity, including but not limited to the publication on internet websites, publications, promotional material and advertising use. I waive any copyright that I might have in the Images in perpetuity, as well as any right to royalties or other compensation arising out of the use of the Images. I waive any other rights or causes of action or claims of any kind for misappropriation of personality or breach of privacy.

I further agree by signing this Release, I shall indemnify and hold any of the Releasees harmless from any and all liability or costs, including legal fees, associated with or arising from my participation at the Event. I understand that if I am signing this Release on behalf of a minor child, I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release and that I understand the words and language in it. I sign this Release freely and voluntarily.

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNES

Parent/Guardian Release: I am the parent or legal guardian of the minor \_\_\_\_\_ and I am signing this waiver/release on behalf of the said minor.

\_\_\_\_\_  
NAME OF PARENT OR GUARDIAN (PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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## Medical Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Rank: \_\_\_\_\_

Address: \_\_\_\_\_

Club: \_\_\_\_\_ Province: \_\_\_\_\_

Do you have a history of any of the following conditions?

Please check all that apply to you. If you answer yes to any, please explain:

Yes	No	
		Heart murmur
		Hypertension
		Recent infection
		Bone fracture in the past six months
		Concussion or severe head injury in the past six months
		Seizures
		Eye injury
		Severe bone bruises requiring padding
		Kidney injury
		Allergy to medication or food {list all):
		Other:

I HEREBY certify that the above information is true and correct to the best of my knowledge and belief and that there are no impairment, limitation, restriction or thing that would affect my ability to participate at any event associated with the 2024 ISKF Central Alberta Championship including and without limitation, the competition or any other event. Notwithstanding any disclosure of any health condition noted above, I state that I am in proper physical condition to participate in the practice of karate and is aware that participation could result in physical injury and voluntarily accepts such risks.

\_\_\_\_\_  
Signature (Parent or Guardian if under 19 years of age)

\_\_\_\_\_  
Date

**\*\* Competitors: Bring your provincial medical number or card with you to the tournament.\*\***