WAIVER FORM

IKO World Cup Katowice 2024

Event: World Team Mathies 27th October 2024, Katowice, Poland

Competitor Name:	
Category:	
Country:	
BC/DOP:	
I the consideration of	la cuala vi dia alaua tila da il ausa tila d
I, the undersigned	
legal representative of	and that I consent to
his/her participation in the sports competition of t	he Kyokushin Karate European Cup at my
own risk and at my own responsibility and that my	health condition allows me to take part in
this competition and that there are no medical con-	traindications to my participation.
I assume criminal and civil liability for any damage	caused by me during the sporting event.
I declare that I will not file any complaints or claim	ns in court for damages as well as possible
health impairment caused by any incidents during	g the sports competition. I accept that the
organizer is not liable in any way for the actions or o	omissions of a participant in the competition.
I declare that I have familiarized myself with the	e competition rules and I fully accept the
provisions contained therein.	
I consent to the processing of my personal data v	vithin the meaning of the Regulation of the
European Parliament and of the Council (EU) 2016	6/679 of 27 April 2016 and the Act of 10 May
2018 on the protection of personal data (Journal	of Laws 2019 item 1781) contained in the
above statement and to the use of my image by IK	O Poland, for the purpose of promoting and
disseminating sport and physical culture, includi	ng the publication of results, photos and
reports of competitions in the press, on websites a	nd in professional guides.
Signature:	Date: