



**WKFE** WUSHU KUNGFU  
FEDERATION OF EUROPE

EUROPEAN TRADITIONAL WUSHU CHAMPIONSHIPS

APRIL 31, MAY 5 2025

HERAKLIO CRETE, GREECE

## WAIVER OF LIABILITIES

|   |  |         |
|---|--|---------|
| Federation:   |  | (Photo) |
| Name of Participant:  |  |         |
| Name of Parent/Legal Guardian (if applicable):  |  |         |
| Date of Birth:  |  |         |
| Age:  |  |         |
| Nationality   |  |         |
| Gender  |  |         |
| Passport No.:   |  |         |
| Role of Participants: <input type="checkbox"/> Athlete <input type="checkbox"/> Team Manager <input type="checkbox"/> Coach <input type="checkbox"/> Doctor <input type="checkbox"/> Observer |  |         |

I, the undersigned, knowingly and without duress, do voluntarily submit my Entry to the European Traditional Wushu Championships (ETWC). The European Traditional Wushu Championships (ETWC) is organized by Wushu Kungfu Federation of Europe (WKFE) and hosted by Turkish Wushu Federation (TWF), hereafter the Turkish Wushu Federation (TWF) collectively refers as "Organizing Committee". In consideration of the WKFE and Organizing Committee 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 ETWC. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the WKFE and Organizing Committee, its officers, agents, representatives, volunteers, judges and referees 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 ETWC. I fully understand that all medical attention or treatment afforded to me by the WKFE and Organizing Committee, its officers, medical personnel, representatives, volunteers, and all other related members will be of the first aid type only, and hereby release the WKFE and 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 my own medical coverage.

I agree to abide by and follow the Rules established by the WKFE and Organizing Committee. I agree that I will always conduct myself in a professional and courteous manner and to be subject to penalties and sanctions for violations related thereto. I understand that my protest must be conducted in accordance with the Rules of Arbitration. I agree that my performance, attendance, and participation at the ETWC may be filmed or otherwise recorded or released or telecast live. I consent to allow the WKFE and Organizing Committee use of 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.

**\*\*For athletes under the age of 18 -This waiver must be signed by their parent or legal guardian\*\***

| Signature of Participant | Signature of Parent/Legal Guardian | Date |
|--------------------------|------------------------------------|------|
|                          |                                    |      |